

senting the brain, and resembling softened cortical substance, bore no resemblance, except in color, to what it should have been; no convolutions or irregularities were visible on its surface. The *optic nerves hung loosely in the cavity*, but no trace of others could be detected. The upper part of the spinal cord seemed to have undergone absorption, for no part of it could be detected from that point of view, and friends seemed indisposed to permit an examination from behind.

To a few points of interest in the above case, I would wish, briefly to draw attention, in the order in which they have been related, and—

1stly. *Retroversion.* Retroversion of the uterus, in the early months of pregnancy, is the result, generally, of some mechanical force applied to that organ. We may readily understand how easily a preternaturally distended bladder may tilt over the fundus, and leave it in the hollow, or resting on the promontory, of the sacrum. In this case the uterus was in a position nearly the reverse of natural; the funus pressing against the rectum, the os behind the symphysis and against the neck of the bladder—preventing, in this way, the action of these two emunctories.

2ndly. *Retention of Urine.* At first the cause, afterwards the result of the displacement of the uterus. In this case, so little inconvenience was felt from the distension of the bladder, that the patient thought I was directing too much attention to it, and was not a little surprised at the relief which followed its evacuation. The pains, moreover, were of a character to mislead; they were strong, “bearing down pains,” which the patient aided, by forcibly pulling at a bandage tied to the bed-post, for the expulsion of the fœtus, as she thought—a condition, which, if not speedily relieved, would have occasioned rupture of the bladder.

3rdly. *Breech presentation.* In Denman’s midwifery we read the following:—“It is some comfort to women to be informed, and I believe the observation is almost universally true, that affections of this kind (dysuria) are never produced, except in those cases, in which the presentation of the child is natural.” If Denman’s observation be correct, this case must be considered a rare, if not an unique exception; although I can really perceive no reason why exceptions should not be of frequent occurrence.

4thly. *Craniotomy.* Craniotomy in head presentations, is, by obstetricians, considered to be one of the easiest operations which could, for the extraction of the fœtus, be performed. Facility, however, vanishes in presentations of the breech and feet. The head, if large, or even if of average size, with contracted pelvis, lies so high in the “brim,” that the obstetrician’s finger cannot always afford a safe guide to the point of the instrument. In the case under consideration, the whole head, with the