

led by the inclinations of disease into a perverted action. It is under unpropitious circumstances like these that the slightest injury or wound turns out bad and ends wrong. Of this abundant proof could be adduced. Applying then these reflections to the case above reported, we would seem to have an explanation of the final establishment of encephalitis, for as long as the recuperative powers were sufficiently competent, the danger of the operation was averted, but as they grew enervated by the protraction of the original disease, then reparation was supplanted by a fatality—the simple restricted inflammation of the former passed uncontrolled into an action of a higher grade. Extending now these observations to the general question of the propriety of paracentesis capitis in cases of hydrocephalus, it would seem we had an easy guide offered us for our determination of the uncertainty in any individual case, by giving a due estimation to the condition of the constitution of the patient. This certainly appears to be a trustworthy indication, and I think the facts now advanced—demonstrate that the operation in itself is not dangerous and is not precluded from employment as some surgeons once supposed by any such fear. Nor would it seem that one form of hydrocephalus more than another, is preferable in an operative point of view, in opposition to the opinion that has been elsewhere expressed, which contends that in the external variety there is less risk of subsequent evil than in the internal form, because the preceding serves to shew that in the latter the supposed source of danger has in reality no existence. And in conclusion I would remark it is well for practitioners such an equal immunity should prevail, for, I believe, it will be generally granted, it is impossible during life either to diagnose the one kind of intra cranial dropsy from the other, or to fix correctly upon the precise seat of encephalic inflammation, whether it be meningeal, or cerebral, or both.

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XXIV—*Powerless Labour*—great sloughing of the *vagina*. By S. J. STRATFORD, M.R.C.S., Eng., Auckland, New Zealand.

About 4 o'clock on Wednesday, 7th May, 1856, I was called upon, by Mr. D, residing in Auckland, to go and see his wife, who was in labour. I was told that Dr. P. was in attendance—had been called at about 5 o'clock on Tuesday morning—said that he should not be wanted for some time—went away and returned about 4 A.M. He now remained as the pains were becoming severe; they gradually increased, and by 3 or 4 P.M., they were very severe—so much so, that the women in attendance, were urgent that the labour should soon terminate. Dr. P. now