by means of the finger, and about a quart of sanguinolent serosity was discharged. Notwithstanding this, it still continued immensely distended, and a fluctuating tumour was still to be felt. Perforating this with the nail, a quantity of transparent, citron-coloured fluid gushed out, which was estimated at about five pints. After this discharge the delivery was easily completed, and the patient did as well as after a natural labour. On examining the fœtal abdomen and restoring it by means of insufflation to the large size it had prior to the punctures, it was found to measure twenty-one *centimetres* in the transverse, nineteen in the vertical, and fourteen in the antero-posterior diameters—and this independently of the increase which had taken place from effusion of serosity into the peritoneum. The abdominal walls themselves had also undergone a considerable thickening from serous infiltration. The distended bladder, the muscular walls of which were much hypertrophied occupied almost all the cavity of the abdomen, the organ being in its largest circumference thirty-five *centimetres*. Three canals opened on its surface, the two ureters and the large intestine. The last terminated on the anterior side (its normal calibre having become diminished after coming in contact with the bladder to that of a small quill) its aperture being scarcely detectable. Externally there was no indication of the orifice of the anus. The immediate cause of the urinary tumour was the obliteration of a portion of the canal of the urethra.

M. Dépaul quotes in detail cases more or less resembling this one related by Portal, in his *Pratique des Accouchements*; by Mr. Fearn, invol. ii. of the *Lancet* for 1834-35; by M. Delbovier, in the *Archives de Médecine Belge*; by M. Gaudon, in the *Bulletins de la Société Anatomique* for 1846; and by M. Dupareque, in the *Annales d'Obstetrique* for 1842; and from the whole he draws the following conclusions :—1. The urinary secretion is established at an early period of fœtal life. 2. When from vicious conformation or other obstacle, the urine cannot at this period of life be expelled into the cavity of the amnios it accumulates in the bladder, and this organ may then obtain dimensions which renders spontaneous delivery impossible, even when the pelvis is perfectly well-formed and the period of pregnancy is not complete. 3. So great have been the difficulties thus produced, that in several cases, the head and limbs have become detached without the obstacle being overcome. 4. Whenever an examination of the parts has been made with exactitude, it has been plainly demonstrated that, together with this development of the size of the bladder, there has coexisted a hypertrophy of its walls, and especially of its muscular coat, showing that the organ dose not play merely the part of a passive reservoir, but that it frequently endeavours, during pregnancy, to expel the fluid which it has received. 5. The cases on record would seem to show, that while it may be well nigh impossible to recognise the nature of such a case during pregnancy, a strong probability, if not certainty may be arrived at respecting it during the progress of labour. 6. The rarity of simple ascites carried to this extreme degree, will at once lead to the presumption of a distension of the bladder; a retention of urine may be declared to be present when malformation of the genital organs may be made out by exploration. 7. Under any circumstance the practice to be pursued is the same. When tractions, carried as far as prudence will permit, have failed and evacuation of the fluid must be resorted to. 8. As the vices of conformation of the urinary organs in question do not necessarily compromise the viability of the infant, it is absolutely necessary to practice the operation of puncture with all due precaution. The insertion of the funis will serve as a safe guide to the most favourable spot. 9. In proceeding in this way, it may not be impossible, by means of another operation, performed after delivery, to re-establish the natural passage of the urine and thus save the life of the child.—*Gazette Hebdomadaire*, Nos. 20, 21. 23.

FOOD FOR BABES, OR ARTIFICIAL HUMAN MILK, AND THE MANNER OF PREPARING IT AND ADMINISTERING IT TO YOUNG CHILDREN.

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