

hydrocephalus which commences in the extra uterine periods of life. . . . The general arrangement of the skull of the fœtus, and the manner in which the cerebrum itself is developed, are both highly favourable to an excessive accumulation of serum. And I believe that the really essential part of congenital hydrocephalus, that which arrests the developement of the brain, is the affection of the ependyma; that in proportion to the degree to which the hydrocephalus has advanced, and according to the period of fetal life at which it commenced, it does, in various manners and to different extent, arrest the developement of the brain, and occasion monstrosity of it; and so far contains the ground of its alliance with hemicephalus, hydrancephalocœle, singleness of the cerebrum (cyclopia) &c.”†

The substance of the brain in this affection, resembles the *ramollissement* of French pathologists. Sometimes the whole organ, sometimes the portion in immediate contact with the water undergo softening.

So much then, for general remarks, by way of a preface to a case which came under my observation some time ago.

Mrs. W., a stout healthy woman, *at* 30, sent for me on the morning of the 4th Sept. last. I was told that she was suffering from violent labor pains, which threatened abortion,—that a midwife had been in attendance during the whole night, but that no progress had been made. I found the woman on my arrival on her back, with knees in a flexed position, countenance expressive of great suffering, eyes suffused and red, skin hot, pulse 115, hard and wiry.

The midwife* was on her knees in the patient's bed, both hands beneath the counterpane, lips compressed, tugging away during a “pain (!)” most energetically, and perspiring as copiously as if the fec would be regulated by the visible amount of cutaneous exhalation. On making a vaginal examination, I found the *labiæ*, from the unwarrantable handling they had received, very much tumified, hot, and painful; the *æ uteri* not dilated, but tilted forwards behind—I might almost say, *above* the symphysis of the pubis—so high, indeed, that with difficulty could the tip of the finger be brought near its edge. A large tumour—tender on pressure—occupied the hypogastric region. Recognising this as a distended bladder, I introduced the catheter, and drew off fully two quarts of dark offensive urine, with sudden and complete relief. The rectum, also in a loaded state, was emptied by castor oil. During the three following days the catheter required to be used twice daily, and at the

* Rokitsnksy's *Patnological Anatomy*, Vol. III, p. 276, Amer. ed.

†I think it but justice to state that the self-styled midwife is an unqualified and unlicensed woman.