externa remains unformed—vasa diploëtica are yet nuda, nondum obtecta pagina externa. These very thin blood-vessels burst (osteorrhagia—rhexis vasorum), and the extravasated blood distends the pericranium into a fluctuating tumour, in such a manner, until it reaches the tabula externa. If you open the cephalhœmatoma you will find, underneath the general integuments, the galea aponeurotica and pericranium filled with liquid blood and coagulum; microscopical examination shows you arterial and venous blood mixed. All around the tumour there is an elevated wall, terminating where the malformation of tabula externa stops, because it cannot extend farther; it has to stop where canales diploëtici are incrusted by tabula externa. Cephalhœmatoma, with regular formation of tabula externa, is impossible. I call this elevated wall surrounding the whole tumour "*circumferentia vallata*," which is caused at first by coagulated blood on the internal surface of the pericranium; this wall I call "*circumferentia vallata sanguinolenta.*" Secondly, by the ceasing of the tabula externa; this I call "*circumferentia vallata ossea.*" In the circle of this circumferentia vallata is the field for vasa diploëtica nuda, nondum obtecta pagina interna.

Diagnosis.—The cephalhœmatoma is a tumour, varying in its diameter from 1 to 3½ inches, most frequently found on the os bregmatis, but never on the tuber either of the os bregmatis or frontis, neither on the fontinelles, nor on the cartilago suturarum. It is of a round or oblong form, almost resembling a kidney, without pulsation, with distinct fluctuation. It cannot be pressed back in the calvaria, or you would perforate with force the substantia cavernosa and pagina interna. You feel round the basis of the tumour a hard ring or wall, neither rough nor sharp.

Prognosis.—If the child is otherwise perfectly healthy, and if the physician understands the case and acts accordingly, the child in most cases will do well.

Analogy and differences.—Craniomeningospongiosis or fungus tumour of dura mater and cranium, as well as tumor cysticus, are never morbi congeniti. In the common caput succedaneum (hæmatoma subaponeuroticum) the formation of the scull is complete, therefore no surrounding wall. You can bring your finger between the swelling and the bone. Neither fluctuation nor pulsation.

Encephalocele (encephalohernos, hernia cerebri,) is, to use Cooper's words, a soft, smooth, round tumour, with pulsation; yields and disappears under pressure, because there is an entire deficiency in the formation of the skull.