constipation remains some time without any other bad symptom, the addition of a small quantity of watery extract of aloes to the above drugs; in others, small doses of sulphate of magnesia frequently repeated, have proved most effective, either being at once stopped on the return of any acute symptom.

By these means, most of my cases of obstruction have had a favourable termination. In those which have unhappily terminated fatally, the *post mortem* examinations have shown that abdominal taxis under ether (which I have never employed, although probably of the greatest use in exceptional cases) would have been useless, and that no further relief would have been possible, except by opening either the colon or the small bowel by operation.

In another paper, I hope to be able to give an analysis of a number of cases, also a new mode by which, I believe, obstruction of the colon may be more accurately diagnosed.

DROPSY OF THE AMNION SIMULATING OVARIAN TUMOUR.

By H. W. BODDY, M.B.Lond.,

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ON April 27th, Mrs. E. requested my attendance, complaining of what she thought was dropsy. She was a sallow and rather emaciated woman. She had already borne four children, and was advanced six months in her fifth pregnancy. She was in her usual health, and had gone on as in former pregnancies until about a month ago, when her abdomen began to enlarge rapidly. She was confined to bed. She said that within two or three days she had felt the movements of the child. On inspection, the abdomen appeared much and uniformly distended. On percussion, fluctuation was unusually distinct, showing the presence of fluid in large quantity. The umbilical and hypogastric regions were unduly prominent; both iliac regions were resonant to percussion, and there was dulness along the centre line of the abdomen. The heart was normal in its sounds. The urine was scanty, with much deposit of urates, but not albuminous. On vaginal examination, the os uteri was with difficulty reached by the finger; it was closed, and of usual size. The whole of the abdomen was occupied by the tumour; and the patient complained much of the dyspnoea and pain caused by the excessive abdominal distension.

My diagnosis at this stage was that of a large unilocular ovarian cyst, complicating pregnancy. A purgative and a diuretic mixture were given to increase the flow of urine.

At my next visit, the woman was out of bed, and able to go about, saying she felt much better,—evidently the result of the purgative and diuretic. Two days after this, however, she was again confined to bed, complaining greatly of the abdominal distension and pain. Next day, the patient complained of something like, though differing from, labour pains. I again made a vaginal examination. The os was slightly dilated, and the membranes protruding. With the finger of one hand within the vagina, fluctuation was distinctly felt when the abdomen was percussed with the other hand. The case then became clear as one of excessive dropsy of the amnion. I then punctured the membranes, and a very large quantity of fluid gradually drained away. Two days after this, labour set in; it was very lingering, lasting for a day and a half. The pains gradually became weaker and less frequent. I therefore applied the long forceps to the head, and completed delivery without much difficulty. The head was enormously hydrocephalic. The body and limbs were small, much as would be expected in a six months' foetus.

The lingering character of the labour was to be accounted for—1. By the difficulty of forcing an enlarged though soft head through the passages; 2. By there being so small a bulk of body and limbs for the uterus to contract upon; and 3. By the over-distension, as well as want of development, of the uterine muscular fibres, diminishing the propulsive power.

It appears to me that the diagnosis of dropsy of the amnion, though it occurs somewhat frequently, is not sufficiently insisted on, and, in fact, is hardly mentioned in our best text-books on midwifery and diseases of women. Very little, indeed hardly any, mention is made of it in either Barnes's, Playfair's, or Leishman's manuals. It cannot be an excessively rare disorder, as I myself know of four cases that have occurred.

The diagnosis of this disease is not very easy; for Dr. Kidd lately read a paper before the Dublin Obstetrical Society, in which he said he had tapped a case of amniotic dropsy through the abdominal walls, believing it to be an ovarian tumour, without bad result, for the patient recovered after the birth of dead twins, and has since had a normal

pregnancy. Still it would be desirable not to run the risk, by this operation, of possible extravasation of blood or other fluid into the peritoneum, and consequent peritonitis.

With ordinary care, the mistake of confounding this disease with ascites could not be made. A multilocular or solid ovarian tumour would also be distinguished from an over-distended uterus by the irregularities in its form. The greatest difficulty would be to distinguish this disorder from an ovarian monocus associated with pregnancy. The rapid growth of the tumour, and its always central position, would be means of distinguishing hydramnios; also, on vaginal examination, as Dr. Kidd says, the position of the uterus would help us, for in amniotic dropsy the os uteri is high up, while in ovarian tumour it is forced lower by the superincumbent mass.

Since writing out the previous case, I have seen, in the JOURNAL of September 7th, an account of another case of dropsy of the amnion by Dr. Hunt of Wolverhampton. It differs in several respects from mine, but the suggestion thrown out as to the cause of hydramnios seems a very probable one. The suggestion is that it is due to obstructed circulation through the umbilical cord and placenta.

As a rule, dropsy results from impeded circulation, and more especially impeded venous circulation; as, for instance, ascites results from obstruction, either to the portal vein itself or to its radicles within the liver. In an exactly analogous manner, disease of the umbilical cord, or of the placenta itself, would cause a transudation of serum through the amniotic covering of the cord and placenta, and so hydramnios would result. In my case, both placenta and cord were too soft and decomposed to give any information. There may have been some latent syphilis, as the husband had been twenty years a soldier, but there were no signs of it either in him or his wife. The four previous children are all quite healthy.

The phenomenon of hydrocephalus in the foetus was doubtless causally connected with the amniotic dropsy, resulting from venous congestion of the foetal arachnoid membrane.

ON CASES OF CEREBRAL TUMOUR AND OTHER FORMS OF BRAIN-DISEASE, WITH SPECIAL REFERENCE TO THE DOCTRINE OF LOCALISATION.*

By T. R. GLYNN, M.B.Lond., M.R.C.P.,

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THE cases to which I am about to direct your attention are, with one exception, cases of cerebral tumour which have recently come under my care, and in which I have had opportunities of making careful *post mortem* examinations.

The characters of the clinical phenomena which patients with cerebral tumours exhibit depend, in large measure, on the nature of the tumour; the rapidity of its growth; the existence or not of inflammatory action, or hæmorrhage, about it; the implication or not of membranes or of nerve-trunks; and also, and perhaps in larger measure, on the site occupied by the tumour, on its relation to convulsions and ganglia.

The extraordinary progress recently made in our knowledge of the structure and functions of the brain renders the study of the symptoms attending affections of different parts of it very interesting.

The first case to which I shall allude is not one of cerebral tumour, but of *embolic obstruction of the left posterior cerebral artery*. I refer to it, because it seems to me to afford authoritative evidence as to the nature of the functions of the posterior lobes of the brain.

CASE I.—John H., aged 36, was admitted into the Royal Infirmary on February 13th, 1877, suffering from advanced phthisis. He was an intelligent man, but weak and emaciated. He progressed favourably till March 1st, when I learned that his manner had become suddenly strangely altered, and his mind affected. I was told that he had got out of bed during the night, it is presumed to go to the urinal; while walking, he staggered and his right hand became clenched; a nurse went to him, and, with her assistance, he walked back to bed. He was fidgety and restless all night after this.

I found him lying on his back; his expression perfectly vacant, his eyes open, and directed as if looking at something on the opposite side of the ward. When spoken to, he did not turn his head or eyes in the direction of the speaker; a light passed before his eyes was not noticed; the pupils were normal in size; they contracted slowly when a light was held close to them. The left pupil was smaller than the right. When asked if he saw a lighted candle we held near him, he looked

* Read before the Medical Society of Liverpool.