

REPORT ON A CASE OF HYDROCEPHALUS.

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The following case is of interest as affording the largest cephalic measurements of any hitherto noted in the records of this hospital. The condition does not appear to be a very common one, as only eight cases have been observed in the indoor service of over 5,600 deliveries and thirty-four in the outdoor service, including over 33,000 deliveries. Our records therefore disclose the fact that hydrocephalus occurs about once in a thousand cases of pregnancy.

Application number 8936; confinement number 5610. The patient, a para V., age 35, applied to the hospital for attendance during confinement, on January 6th, 1905. At this time she was six months pregnant and her previous pregnancies and labors had been uneventful. She had two living children and two others died, one of "summer complaint," one of "spasms." The physical examination disclosed a systolic murmur heard over the apex. There was an old scar on the abdomen from a stab wound—otherwise no abnormalities were noted. Abdominal palpation and auscultation showed a breech presentation, the dorsal plane being to the left and the small parts to the right. The foetal heart was to the left of the umbilicus and its rate 150. No note was made at the time of any apparent enlargement of the head. The pelvic measurements were all of ample size and the vaginal examination was negative. The true conjugate was estimated at 11.25 cm.

On May 10th, about four months later, the patient applied for admission to the hospital. She was then in the first stage of labor. Abdominal palpation was very unsatisfactory, owing to the distention and the rigidity of the abdominal walls. The foetal heart was heard to the left of the umbilicus, its rate being 130. The cervix was soft and admitted three fingers, the membranes were intact and the breech presented. The pains were strong and effectual. No indication of foetal deformity was apparent until the delivery of the body and the breech was completed, when it was found that the after coming head could not be delivered.

The writer saw the case at this time, the breech, legs and body fully delivered, the cord pulseless, and the after coming head caught in the pelvis. Examination then disclosed a very large head and evidences of club feet, a not unusual complication of hydrocephalus, of which the diagnosis was now made, although fluctuation and the sign interpreted usually as the "crackling of parchment," could not be elicited. The tentative diagnosis was confirmed after craniotomy had been done and about 1500 cc. of cerebral fluid evacuated. The head could then be readily extracted by the usual method. Considerable hemorrhage followed and prompted a manual extraction of the placenta. A hot intra-uterine douche checked the bleeding satisfactorily and the patient was put to bed in good condition. She made an uninterrupted convalescence.

The accompanying photographs (Plate X) show very well the disproportion between the fetal head and the rest of the body. The cephalic measurements were as follows:

Diameters.

Occipito-mental	19	cm.
Occipito-frontal	16,5	cm.
Sub-occipito-bregm.	16	cm.
Bi-parietal	15	cm.
Frontal-mental	16	cm.
Bi-zygomatic	12	cm.
Bis-acromial	13	cm.

Circumferences.

Sub-occipito-bregmatic	51	cm.
Occipito-frontal	63	cm.
Bis-acromial	38	cm.

