slipped through the neck of the *lotah* and immediately the latter fell off.

The hernia consisted of the entire thickness of the abdominal wall alone. The measurements of the abdominal wall caught up inside the *lotah* was five by six and a half inches, while the area affected up to the outer lip of the *lotah* was seven by eight and a half inches.

As the agency of strangulation was something I have never seen recorded before, I have been prompted to publish these notes.

I must acknowledge that at first I was a bit puzzled about the technique to be adopted in this case.

The patient made an uninterrupted recovery, the wound healed by first intention.

AN INTERESTING SIGN IN RETRO-CÆCAL APPENDICITIS.

By A. G. TRESIDDER, M.D., B.S. (Lond.),
MAJOR, I.M.S.,
Surgeon to His Excellency the Governor of Bombay.

So much has been written on the subject of appendicitis that it would seem almost impossible to note anything new in the symptomatology of this disease. A case, presenting a physical sign which I have not previously observed or seen described, having recently come under my care, I think it may be worth describing the case in some detail.

P. J. M., a Goanese, aged 17, employed as a cook at Government House, complained of pain in the abdomen, of 18 hours' duration, during which period he had vomited three times. On arrival at the dispensary, he was examined by my assistant, Mr. C. M. E. Warner, and it was noted that his pulse rate was 90 per minute and his temperature was 100°F. When seen by me about half an hour later, the patient was lying on his abdomen and on being questioned he explained that he found that this was the most comfortable position in which he could lie. There was some superficial tenderness on pinching up the skin just below the spino-umbilical line, the abdomen was slightly distended and there was pain on deep pressure over the right iliac fossa; there was no rigidity. Rectal examination revealed some tenderness high up to the right but no swelling could be felt.

A diagnosis of acute appendicitis was made and the abdomen was opened through the right rectus muscle. The appendix was found to be in the retro-cæcal position and attached in its entire length to the posterior aspect of the cæcum by strong adhesions, obviously the result of previous inflammatory attacks. The appendix appeared to be embedded in the posterior wall of the cæcum and it was found impossible to effect its separation without first dividing it at its origin from the cæcum. This was done, the stump invaginated and then the body of the appendix was dissected off the posterior aspect of the cæcum. It was embedded in a mass of dense adhesions, its proximal two-thirds being much swollen and congested while its distal third was acutely kinked on the rest of the appendix, the portion distal to the kink being bulbous and gangrenous. After its removal, incision of the bulbous distal end showed it to contain about half a teaspoonful of brownish and very offensive fluid.

The patient made an uninterrupted recovery.

Such a state of affairs is, of course, quite common in retro-cæcal appendicitis; but the interesting point in the case is the position adopted by the patient, i.e., lying flat on his face and abdomen. Presumably the adoption of this position would allow the cæcum to fall forward and away from the inflamed retro-cæcal appendix, and in doing so, relieve to some extent the pressure on that organ.

In conclusion, I have to thank Major A. N. Thomas, D.S.O., I.M.S., Civil Surgeon, Mahableshwar, for his valuable assistance both during the operation and afterwards.

A CASE OF OBSTRUCTED LABOUR BY AN INTRA-UTERINE TUMOUR.

By M. N. S. CHETTI, L.M. & S.,
Civil Surgeon, Sagaing.

A Burmese woman about 37 years of age, a multipara with five previous births, was admitted on 15th March, 1925, with severe and continuous labour pains and a history that she had been in pain for the last five days and had lost some blood at home; she had been attended by a Burmese midwife.

On admission her general condition was good. On making an examination per vaginam, a soft tumour about the size of a small cocoanut was felt in the pelvis—on pushing the tumour to one side there was just enough room for one finger to pass beyond it. On further examination it was observed that the cervix was fully dilated, that the membranes had ruptured and that the head was obstructed in its onward passage by the tumour. The tumour at first appeared like a reduplicated placenta which had been separated prematurely and, as the fœtal heart was faintly audible, traction was applied on the tumour; it was found to be firmly fixed to the inner surface of the posterior wall of the uterus. It appeared as if the margins of the folded up placenta were tightly caught between the fœtal head and the pelvis higher up, so forceps were applied with the object of extracting the head and the tumour together; this was found impossible. Then the tumour was removed at the level of the posterior portion of the dilated cervix and the child was delivered easily and alive. On introducing the hand into the uterus the placenta was felt distinct and loose and was removed entirely.

The mother and the child did well and left the hospital on the 14th day.

The tumour was sent for sectional examination. The report said that it was a malignant tumour,—a myo-sarcoma—which was likely to recur.