all directions rendered the presence of partitions unlikely. The measurements were as follows:—

Circumference at a point one foot above the umbilicus	...	69½ inches.
,, at the umbilicus	...	74½ ,, (6′ 2½″)
,, below the umbilicus	...	72 ,,

There were two larger patches of ulceration, exactly like ordinary bed-sores, one on each side between the abdominal tumour and the thighs at the points of pressure on the abdominal walls.

In view of her advanced age, somewhat emaciated condition, the presence of suppuration and the enormous size of the cyst, it was obvious that ovariotomy was out of the question, so on the 10th November, eleven days after admission, the cyst was tapped. A medium size trocar was used and the fluid allowed to run slowly off. It took five hours to empty off the 130 pints (16¼ gallons, filling a large sized zinc "tub" quite full) which the cyst contained. The fluid was of a peculiar brightish yellow colour and contained a very large percentage of albumen.

Her condition after tapping was remarkable. (The heart could be felt through the diaphragm.) There was a considerable amount of shock, accompanied by obstinate constipation, and for seven days the temperature ranged over 101° with troublesome cough. These symptoms gradually subsided under careful nursing, but her condition caused considerable anxiety until twelve days after the operation when she improved considerably and had now almost completely recovered. (Every precaution was taken by means of large pads and strapping to maintain the intra-abdominal pressure at as high a level as possible).

She is now (forty days after the operation) fairly well in general health, though still weak. She can walk about a little and eats and sleeps well. There is a slight evening rise of temperature to 99° F. each day, the cause of which is difficult to ascertain.

The thoracic walls have fallen in considerably. There is an immense amount of redundant skin over the abdomen, but the large veins have disappeared. Enormously thick cartilaginous masses of cyst wall can be felt through the outer coverings. It is probable that with firm strapping and bandaging, with tapping at intervals if necessary, she will be able to lead a fairly active and enjoyable life.

A CASE OF RETAINED PLACENTA.*

EXPECTANT METHOD OF TREATMENT.

BY E. HASSEL WRIGHT,
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A TWELVE-PARA, aged about forty-five, was admitted into hospital on 10th January, 1907, for labour pains. Half an hour after admission a live female child was born. The nurse on duty attended the confinement; but finding that the placenta was not expelled after the usual time, and seeing that the woman was bleeding, she sent for the resident assistant surgeon after having inadvertently administered a drachm of the liquid extract of ergot.

The resident assistant surgeon, on arrival, found the woman in a collapsed condition, and bleeding, but not profusely; strychnine and digitalis injection hypodermically, brandy by the mouth, hot water bottles, etc., revived her. The patient thus revived was anæsthetised and manual removal of the placenta attempted. There was hour glass contraction of the uterus, and with great difficulty two fingers were insinuated into the uterus; attempts to remove the placenta were fruitless, and the placenta was felt morbidly adherent.

The operation greatly weakened the patient, and further attempts had consequently to be given up. She had to be revived by saline injections, strychnine and digitalin hypodermically, and brandy by the rectum. She was restless during the night and a hypodermic of morphia and atropine was given; this quieted her, and next morning, her condition being better, she was anæsthetised and manual removal of the placenta was attempted, but without success, after repeated attempts. Hour-glass contraction was still present; further attempts at removal had to be given up that day, her pulse becoming almost imperceptible and her condition critical. Saline injection, etc., had again to be resorted to revive her.

On the third day, removal was again attempted under chloroform, and only about one-sixth of the placental tissue was with great difficulty—tearing through placental tissue—removed; the rest was so morbidly adherent that it was not possible to remove it without tearing the uterine tissue. The removed placental tissue was tough and fibrous. Further attempts were not made, but the patient was treated with intra-uterine injections of carbolic lotion (1 in 100) with a little iodoform in it, both morning and evening, and ergot was given internally.

Except that the discharge was a little offensive, the patient had no other trouble, and the highest temperature registered never rose above 99·4. The patient remained in hospital till 24th January, 1907, when she was discharged at her own request. She was seen about a month after, in apparently good health; but her subsequent periods were attended with menorrhagia, and it was proposed to dilate the cervix and have the uterus curetted, but the patient was not willing to undergo the treatment. Her two previous pregnancies were troublesome, it is said, the placenta on both occasions having had to be removed manually under chloroform; but whether the placenta was removed wholly or partially is not known.

Remarks.—In this case the expectant method of treatment had to be adopted on account of the inability to deal with it otherwise; and this procedure resulted in an uneventful recovery.

* *Paper read at South India Branch of B. M. A.*

In the *Medical Review* for December, 1906, Professor Von Herff states that in 558 cases treated, in his clinic in Basel, for retention of a greater or less amount of membranes, by the expectant method of treatment, all recovered uneventfully. My object in bringing this case to the notice of the profession is that at present there is a wide divergence of opinion about this method of treatment. In America, France and England, the tendency is towards active intervention. In Germany, Austria and Switzerland, expectant treatment is the rule. This should be so, as in none of the 558 cases above mentioned was there any call for active intervention on account of either puerperal pyrexia or hæmorrhage.

The treatment in these cases consisted in the administration of ergot and vaginal douches of lysol, bacillol or perchloride of mercury (1 in 5,000), the latter being omitted only if suture of the perineum had been performed.

Active intervention, I should say, is unjustifiable, inasmuch as it exposes a puerperal patient to the risks of one of the most delicate, serious and fatal obstetric operations, namely, manual removal, and that this is so is clearly seen from the case under notice, in which manual removal of the retained placenta under complete anæsthesia was attempted thrice, and on each occasion after the operation the patient was next door to death, and had to be revived by saline injections, strychnine, brandy, etc. In an institution properly equipped with the different obstetric necessaries, such untoward symptoms might possibly be successfully met and combated. In private practice, where these are lacking, and obstetric asepsis cannot be so satisfactorily maintained, active intervention, I think, would only lead to positive mischief. I am therefore of opinion that this method of treatment is particularly valuable, and is strongly indicated in private practice.

I am indebted to Assistant-Surgeon C. M. Thirumudiswami Pillai for the above notes.

HYDATID CYST GROWING FROM VERTEBRAL COLUMN.

By NORMAN H. HUME, M.B., B.S. (LOND.),
LIEUTENANT, I.M.S.

SEPOY No. 1584, 2nd (Q. O.) Rajput L. I., reported sick on October 20th, 1908. He had a swelling on the nape of his neck, which he said he had noticed for the first time about three weeks previously; it was then much smaller. When seen by me, it was about the size of an orange, in the middle line of the back of the neck, symmetrical, tense, not painful, very slightly tender. The skin was freely movable over it, but the tumour itself was fixed. Diagnosis—broken down glands, probably tubercular, as there were no signs of syphilis or of acute inflammation, and no other glands in the body were affected. He was given "line leave" for seven days, and his neck was painted with tincture of iodine. I saw him again on October 27th. There was then no increase in size of the swelling, but slight fluctuation was detected. By Lieutenant-Colonel Thompson's kind permission, he was admitted into the Civil Hospital, Secunderabad, for operation. Assisted by Captain J. Hay Burgess, I.M.S., I made a vertical incision over the tumour and discovered that it lay deep to the muscles; these were separated in the median raphé till the cyst wall was seen. On puncturing the cyst wall, a daughter cyst escaped. Twenty-nine more were evacuated, ranging in size from a walnut to a pea. The endo-cyst was removed piece-meal, and the ecto-cyst and surrounding tissues curretted. The cyst was found to be growing from the spinous process of the third cervical vertebra (*i.e.*, in the groove of the bifid spinous process). Hooklets were looked for, but not found.

This case is interesting because hydatid cysts affecting bones are uncommon, (out of 1,862 cases quoted by Osler (Ed. 1901) only 61 sprang from bone), and also from a diagnostic point of view.

SPINAL ANALGESIA

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SINCE publishing my article on the above in the *I. M. G.* of November 1908, I have tried the method on a further 19 cases. As I am proceeding on furlough and have exhausted my stock of stovain ampoules, I send the results of these 17 cases. There were two deaths in the series, but in each case death was due to causes outside the stovain. In case 1, the woman died on third day with symptoms of pulmonary embolism. No *post-mortem* was allowed, so the diagnosis is only a provisional one. In case 6, the girl was far advanced in peritonitis and she stopped breathing soon after the abdomen was opened. She was so ill that I hesitated to give chloroform.

There was one failure—case No. 10. The cause was obvious. I failed to get the C. S. fluid to run out rapidly. It came out in very slow drops. I ought to have made a fresh puncture, but wished to try if it were possible to get analgesia under such conditions.

Case 17 might be regarded as a failure, but in this case the man confessed next day he never felt any pain, and made a fuss merely because he had not got "gas" to inhale and dreaded, and expected to feel the knife.

The only sequela noticed was in case 3. Here serious and persistent vomiting rather upset my views on the value of the method, but as this was my first case in Madras, it is possible the man's head was lowered shortly after operation.

The remaining 14 cases were perfectly satisfactory in every respect.

In my series there were three private cases and all three were highly pleased with the method. Until one can get the results of this method in a very large number of cases, it is impossible to