and hence the fatal result. But if the pressure be due to extravasation of blood, this may be absorbed; and in such cases an operation would greatly diminish the patient's chance of recovery.

The only supposable form of spinal injury which, in my opinion, might be benefited by operation, is a fracture of the vertebral arch alone, with limited depression, or the recent intrusion of a spiculum of bone within the theca, whereby the cord is pricked and irritated. But where are these cases to be met with, and how are they to be recognised?

I fear we must abandon this operation. I have seen it performed on three or four occasions many years since, but certainly not with such results as to induce me to repeat the experiment: and the recorded advantages of more recent cases do not impress me more favourably. Even admitting, as I have admitted, that certain special features might justify surgical interference, I believe that they are rare, and very difficult of diagnosis, if not absolutely impossible to identify. I am satisfied that the risks attending an unnecessary operation are great: and, in balancing these risks against the possible good which may be accomplished in isolated instances, my conviction is that the preponderance is decidedly in favour of non-interference. I am aware it may be urged that any risk is justifiable where a patient's condition is hopeless. But, I rejoin, how are we to identify the absolutely hopeless cases? Some linger on a long time, and even partial recovery is occasionally witnessed under favouring circumstances; and it is precisely these cases in which interference is likely to prove mischievous, by extinguishing the prospect of spontaneous repair, and the chances in favour of the patient's recovery or protracted survival: for, it can scarcely be alleged by the advocates of this operation that, if unproductive of good, it is harmless. To weaken still further the remaining connexions of a broken spine; to convert a simple into a compound fracture; to expose the sheath of the cord and possibly the cord itself; and to entail the risks attending the period of repair,—cannot be regarded as circumstances of indifference. Accidentally, here and there, an instance may occur in which benefit does, or seems to, result from surgical interference; and the time may arrive when, perchance, the means of diagnosis at our command may enable us to judge with more precision of the nature and extent of the injury inflicted: but at present, with every disposition to regard this subject impartially, and to give their due weight to the arguments and facts which have been advanced in favour of this operation, I cannot regard trephining the spine as brought within the pale of the justifiable operations in surgery.

CASE OF SPINA BIFIDA OF UNUSUAL CHARACTER.

By RANDLE BUCK, L.R.C.P., M.R.C.S., Inkberrow.

MRS. F. D. was delivered of a female child on July 4th, 1868; the labour was in all respects a natural one. After securing the umbilical cord, my attention was attracted to a peculiar appearance in the back, which, on closer inspection, proved to be spina bifida, but presenting these curious features. The child lying on its face, there was before me in the lower dorsal region, what, at first glance, looked like a blister produced by cantharides, perfectly circular, and measuring three and a half inches across it. Down the centre, the spinal cord was plainly visible; it seemed raised out of its canal and adherent to the sac, which was distended with fluid. I applied a light bandage and placed the child on a soft pillow, on which it might be carried. The spinal cord being so little protected, I thought death would soon take place. There was a small escape of fluid from the sac, so that the bandage in a few hours became saturated.

The child continued in this state till July 30th, when the escape of fluid above mentioned ceased, and in a few days the head (which had hitherto been of natural proportions) began to increase in size, the sutures became widely separated, the frontal bone very prominent, the eyes depressed and squinting. From this time up to death, on November 8th, both head and sac gradually increased in size, the sac discharging some fluid at intervals. When this occurred, the head diminished in proportion. The circumference of the tumour was 11½ inches; of the head, 19 inches. Examination, twenty-six hours after death. The sac consisted of epidermis and membranes of the cord. It contained a very large quantity of cerebro-spinal fluid, and three inches of the spinal cord with nerves adherent to the sac. The spinous processes of the eleventh and twelfth dorsal and first lumbar vertebrae were missing.

I should mention that, for some time before death, the child was completely paralysed, but there were no convulsions.

ON A CASE OF OVARIOTOMY:

ACUTE PERITONITIS AT THE TIME OF OPERATION: REMOVAL OF A VERY LARGE MULTILOCULAR BLOOD-CYST: LIGATURE OF RIGHT CORNUA OF UTERUS: RAPID RECOVERY.*

By ALFRED WILTSHIRE, M.D., M.R.C.P. London, Medical Inspector H.M. Privy Council; late Senior Physician to the Islington Dispensary; and WILLIAM TYNDALE WATSON, M.A., M.D. Dublin, M.D. Oxon.

THE case which we are desirous of bringing before the Association, is one of so exceptional a character and presents such remarkable features, that we earnestly call the attention of members to it, feeling assured that they will find it to be of unusual interest.

Mrs. S., aged 49, an industrious active woman, married at 18, had nine children and four miscarriages. Her first husband died when she was 34. She remained a widow for nine years. After the birth of her second child, the veins of her lower limbs became varicose; with that exception she had been always healthy in every respect, the catamenia being quite regular. About March 1867, she first noticed that the catamenia were irregular, being too frequent, profuse, and offensive. About the same time some abdominal enlargement was noticed; and it is worthy of remark that, as the abdomen increased in size, the varicose condition of the veins of the legs disappeared. For a year, during which time the abdomen steadily increased in size, she suffered from general ill health; the menstrual function continuing deranged as at the onset. She, however, consulted no medical man, believing that her symptoms were mainly due to "the change of life." From time to time she had attacks of pain and tenderness of the abdomen. Her appetite continued good, and she did not lose flesh, though the tint of her skin was observed to be peculiar; and, at the time of her consulting Dr. Watson, was suggestive of malignant disease. She was, at last, obliged to lie by in consequence of general weakness; and, when she consulted Dr. Watson, March 30th, 1868, she complained of debility, pain, and numbness in the right arm and hand, dyspnoea, nausea, irregular menstruation and pain, tenderness and enlargement of the abdomen.

Dr. Watson examined her, and found the lungs, heart, and chief viscera, to be healthy. *Per vaginam*, nothing abnormal was detected, and the nature of the abdominal enlargement was not determined upon, as there was considerable tenderness and distension. The urine was scanty, but not otherwise abnormal. Diuretics were given, and under this treatment the enlargement of the abdomen subsided to some extent, and although she had attacks of pain in and tenderness of the abdomen from time to time, yet she got about pretty well until Thursday, April 30th, 1868, when, after a long walk, she was seized with vomiting, severe darting pains and tenderness in the right iliac region, and the abdomen rapidly increased in size. Dr. Watson saw her on May 2nd, when he found, in addition to the above symptoms, quick and hard pulse, hurried respiration, and hot skin. The bowels were confined. The urine was thick and high coloured. She was ordered an effervescing mixture with hydrocyanic acid, and a pill containing half a grain of calomel and one of opium every two hours. The bowels were opened by an enema of warm water.

May 3rd. When seen by Dr. Watson, at 10 A.M., she was much worse; vomiting was incessant; the abdomen was now very large and extremely tender. Breathing was difficult. The tongue was small, hard, and dry; the pulse quick and feeble; the skin cold. There was marked collapse. Her condition became more and more alarming in spite of attention, and, as death appeared imminent, Dr. Wiltshire was called in late at night.

Dr. Wiltshire's notes are as follows. May 3rd, 1868. I was called down to Tottenham to see Mrs. S., aged 49, in consultation with Dr. Watson. I found the patient lying in bed with her knees drawn up; countenance anxious and haggard; skin cold; pulse 105 and very feeble; indeed, scarcely to be counted. The tongue was moist and only slightly furred. The extremities were quite cold; and the pressure of the finger left a white spot in the midst of purple skin, the capillaries of which did not soon refill. The abdomen was very large and tender. There was a large hard tumour centrally placed, and it was round. There was fluid in the peritoneal cavity. Vaginal examination gave evidence of the existence of a tumour, which filled the pelvis and pressed much upon the rectum. It feels solid, but it was thought that the feeling of solidity was due to extreme tension. The uterus was normal in size, but somewhat drawn up; and the vagina was thus elongated. Ex-

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