the agglutination test carried out at that laboratory are as follows :—

Strains	Titre of agglutination
Semarang 173	1,000
90C	10
H. C.	0
3705	0
Batavia 46	0
Moscou V	0
Sarmin	0
Ballico	0
Benjamin	100
Pomona	0
Djasiman	0
Sw. V. Tienen	0
Canicola	30
Wijnberg	300
Rachmat	100
Salinen	100
Hebdomadis	0
Andam. ch. II	300

It will appear from the foregoing that the serum reacted with a rat strain isolated from a field rat (*R. brevicaudatus*) in Semarang (Java) in a high dilution and showed varying degrees of co-agglutination with some other strains. It is interesting to note that the serum of a human case agglutinates this strain for the second time.

Comments.—This emphasizes the fact that the agglutination test should be made not only with the strains previously recovered from the cases that had occurred in the locality, but also with the representatives of different serological groups isolated in various parts of the world.

I am greatly indebted to Prof. M. N. De of the Calcutta Medical College for bringing this case to my notice and to Prof. Schüffner and Dr. Gispen of Amsterdam for testing the serum for agglutination reaction as shown above.

REFERENCE

Das Gupta, B. M. (1938). *Indian Med. Gaz.*, Vol. LXXIII, p. 449.

A Mirror of Hospital Practice

A SACRO-COCCYGEAL CYST

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TUMOURS in this region may be divided into two groups—teratomas and cysts. The majority of the latter are developed in connection with the communication that exists between the neural canal and post-anal gut, early in intra-uterine life. The teratomas contain parts of limbs, eyes, mammary glands, renal tissue, etc. Cysts may be sacral cystic hygromata or meningoceles which have been cut off *in utero* by the continued growth of the vertebral arch. The case under review was a cyst probably originating from the neurenteric canal but appearing in the gluteal region, encroaching upon the rectum and vagina. At first it was considered to be a lipoma but after careful examination it was found to be a cystic development from the sacro-coccygeal region. The patient came to hospital, not because of any inconvenience she felt due to the growth itself, but because she was having trouble with her menstruation.

The patient was a Gurkha woman of about 30 years of age, fairly well built but mentally somewhat dull. She was admitted into the hospital on 27th July, 1938, with complaint of menorrhagia and a sense of fullness in the right iliac fossa with a constant dragging pain. The lump on her buttock was accidently discovered by the nurse when changing her clothes. She had grown indifferent to it, and thought it not worth mentioning. It was as big as a no. 2 football externally, and on vaginal examination it was found to occupy the greater part of the pelvic cavity, pushing aside the uterus with its appendages, the pelvic colon and rectum, thus disturbing the anatomical relations of these structures to a considerable extent. It was so extensive that it was difficult to establish its origin at first. The cervix was found to be very hard with erosion—a precancerous condition. Her other systems were normal. It was decided that her cervix should be amputated and the cyst removed.

Up till now it was not possible to establish its exact diagnosis by physical examination alone. The possibilities that were considered were lipoma, subgluteal bursa or sacro-coccygeal cyst. The other question was whether it was possible to remove the cyst entirely.

The operation was begun under percaine spinal anæsthesia with the patient in the lithotomy position. A linear incision was made over the tumour and an attempt made to shell it out but it burst, discharging more than a gallon of serosanguineous fluid. After this, the operation was easier but the surgeon had to be careful of the bladder, vagina and rectum which were badly distorted by the cyst and they could only be avoided by careful dissection. The process of separation continued till half the pelvic cavity was explored and the pedicle was found to be attached to the anterior part of the sacro-coccygeal joint. At the end of the operation a little muco-gelatinous fluid was found in the sac. To add to the operative difficulty there were several diverticula from the main cyst and it was very difficult to separate them. The pedicle of the cyst was tied and the sac was removed. The sac was as big as a full-term pregnant uterus. The whole operation lasted for two and a half hours.

Convalescence was rapid and uneventful. During her stay in hospital the patient menstruated normally, a thing she had not done for a very long time. She left the hospital well.

The writer takes this opportunity of expressing his thanks to Mr. Gardiner, the Principal Medical Officer of the B. & N. W. and R. & K. Railways, who did the operation, for allowing him to publish this interesting case.