

A PSOAS ABSCESS MISTAKEN FOR A CASE OF
"ACUTE ABDOMEN."

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W. H. W., colored, fifty-three years of age, was seen Jan. 27, 1907. The patient had been ill for two weeks and was evidently, from casual observation, a very sick man.

The history is as follows: His mother and father died of old age, two sisters died when young, one brother is living and well. His wife is living. She has had no miscarriages, but suffers much from asthma and bronchitis. There are three children living. It is of interest that a daughter has a contracted pelvis and has had three successful Caesarian sections. One of her children died of tuberculosis, another grandson was operated upon for tubercular peritonitis by the writer, and died, after improvement and hope of recovery were entertained.

W. H. W. had used alcohol rather freely. Occupation, that of a beef-handler, necessitating the lifting of heavy weights on the back constantly. Five years ago he had an abscess of the neck for which he was treated at the City Hospital. He said he had typhoid fever when he was a boy.

Two weeks ago he was taken ill with pain in the back of the head, and later in the testicles. Pain came on also over the left hip and buttock. He had fever every day. The bowels did not move freely at this time. There had been no nose bleed and no blood had been noticed in the stools. He was delirious on Jan. 27, in the morning. Lately the bowels have been loose.

Examination showed a well developed muscular negro. There were no scars on the penis. The pupils reacted to light. The tongue was coated and somewhat tremulous. There was nothing abnormal detected in the examination of the chest. The temperature was 100°, the pulse 130. There was no marked anemia. A stained blood film showed large mononuclears, 3%; small mononuclears, 13%; neutrophils, 84%. The urine was concentrated and contained a trace of albumin.

The left hip and sacral regions were very tender, particularly the hip about the trochanters. There was no swelling, but movement of the hip was painful. It was impossible to get a history of the abdominal symptoms from the patient. The family stated that the distention and pain on pressure had come on that day. Examination showed a very much distended abdomen, with marked resistance in the left lower quadrant. There was rigidity of the whole abdomen; palpation over the left lower quadrant was very painful. There was no pain on palpation over the appendix region. There were no masses felt though the rigidity made it hard to say positively that none existed. Rectal examination was negative.

The sudden abdominal distention, rigidity and tenderness to pressure were seemingly explained by an acute abdominal infection, perhaps masked before, possibly a terminal infection. The pain in the hip and testicles was incorrectly interpreted as referred pain from abdominal trouble, as is seen in certain cases of appendicitis where pus gravitates into the pelvis. A positive diagnosis was not arrived at. On Jan. 28, the patient was very much weaker, the abdomen was still distended, board-like and still very tender to pressure in the left lower quadrant. The patient was sent to the Massachusetts General Hospital for immediate operation.

At the hospital after a most careful examination the medical features of the case seemed to be more pronounced and the patient was sent to the medical wards. Symptoms of meningeal irritation were found which

had escaped the writer's notice. The patient failed rapidly and died the next day.

The interest of the case is largely in the autopsy findings. For permission to refer to them I am indebted to the hospital.

"A large abscess was found situated in the left psoas muscle and extending up to the region of the intervertebral disc between the fourth and fifth lumbar vertebrae and to the region of the sacro-iliac synchondrosis. The left hip-joint was normal on section and the retroperitoneal lymph glands were tuberculous. There was a tubercular meningitis, probably caused by rupture of the abscess into the spinal canal."

In connection with this case a recent paper by F. Brenner¹ is of interest. Brenner calls attention to the fact that numbers of cases of tuberculosis of the vertebrae, even when far advanced, are overlooked clinically.

In 2,500 autopsies at Frankfort he found 39 cases of unmistakable vertebral tuberculosis. Of these 22, or 56%, in spite of the marked changes found at autopsy, gave no symptoms, or at least none leading to a diagnosis. From the examination of this material he showed that tuberculosis of the vertebrae was not uncommon in adults, but the diagnosis is much more rarely made during life than in children. Perhaps this is because the disease in adults does not lead to deformity as readily as in children. He found that the lower thoracic and upper lumbar vertebrae were most commonly affected, and that the inter-vertebral fibro-cartilages were mostly secondarily infected from the vertebrae. According to Brenner, the influence of traumatism must always remain doubtful. There was history of traumatism in cases where a diagnosis was reached, and also where the condition was unrecognized until autopsy. In all cases of abscess of the thorax, Brenner shows the importance of examining the vertebral column, even when the abscess seems to originate from the ribs. In all paranephritic and all doubtful perirectal exudates he emphasizes the importance of careful examination of the vertebral column.

Medical Progress.

RECENT PROGRESS IN DERMATOLOGY.

BY JOHN T. BOWEN, M.D.,
AND
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- I. FREEZING BY CARBON DIOXID AND ETHYL CHLORID IN THE TREATMENT OF DISEASES OF THE SKIN.
- II. TEN CASES OF MYCOSIS FUNGOIDES.
- III. REACTION OF THE SKIN AND OF THE EYE IN DIFFERENT DERMATOSES.
- IV. UNIVERSAL DERMATITIS OF NURSING INFANTS.
- V. SKIN DISEASES IN THE NEGRO.

FREEZING BY CARBON DIOXID AND ETHYL CHLORID IN THE TREATMENT OF DISEASES OF THE SKIN.

The last review of the *Progress of Dermatology* dealt with the treatment of various diseases of the skin by freezing with liquid air (Oct. 17, 1907).

¹ Brenner, F.: Frankfurter Zeitschr. für Path., Bd. 1, Heft 2. Quoted in Zentralbl. für Chir., Feb. 29, 1908.