

In August, 1902, while at dinner, he was suddenly seized with an attack of abdominal pain, with nausea and faintness, which necessitated his leaving the table. The severity of the attack soon passed off, and he was able to join his friends later in the evening. The following night proved a restless one, as he had more or less constant pain in the lower portion of the abdomen, which prevented sleep, and at times was accompanied by nausea and general bodily weakness. The following day he continued to feel badly, but kept up and about for the reason that he was a guest at a country house, and did not wish to inconvenience his host. Later in the day he went for a drive, and suffered acutely from the jolting of the vehicle. In the evening he was obliged to call a physician, who, after an examination, pronounced the case one of colitis. He returned to the city the following day, and, as the symptoms continued, he remained in bed. During five days he continued to suffer with pain in the lower left quadrant of the abdomen, together with fever and general malaise.

When Dr. Brewer first saw the patient his temperature was 103; pulse, 110; leucocytes, 17,000. There was marked rigidity of the left rectus muscle, and a tender mass in the iliac fossa. He was immediately removed to the Roosevelt Hospital, and under ether anesthesia an incision was made over the most prominent portion of the tumor. After dividing the tissues of the abdominal wall, a large abscess cavity was entered which contained about four ounces of foul pus, and an oblong faecal concretion. On washing out the abscess cavity, a small ulceration was seen in the wall of the sigmoid, through which there was a slight faecal discharge. The cavity was packed with sterile gauze, the wound partly united, and a dressing applied.

After operation the temperature and pulse rapidly declined to normal, the pain ceased, and the appetite returned. The discharge from the abscess cavity gradually diminished until a cathartic was administered on the fourth or fifth day. This gave rise to a very abundant faecal discharge, which continued for several days. It then began to diminish, and the sinus finally closed in about six weeks from the time of operation. The patient has since been in perfect health.

During the discussion, Dr. Woolsey said he had seen these diverticulæ of the gut at autopsy, but never as a cause of infection. The case is interesting as bearing on the etiology of left sided intra-abdominal infection.

At the same meeting of the New York Surgical Society, Dr. Brewer also presented a man, 23 years old, a native of Russia,