

tion of fluid in the iliac bursa and this communicated with the hip-joint which also contained an excess of fluid.

Wood⁶ reported a case in a thin man 28 years old, who two years previously, while convalescing from typhoid fever, had sprained his left hip. Walking was associated with severe pain. Six weeks later he noticed a swelling in this region. There was swelling both in front of and behind the hip and fluctuation was definite. A diagnosis of gluteal abscess was made. The patient, on account of well-marked contraction of the iliopsoas muscle, was unable to extend the leg. The tumor ruptured and there was a spontaneous expulsion of particles of bone as large as beans. The hip-joint was freely movable and not painful. This is one of the very few cases in which the bursa contained foreign bodies.

COUTEAUD: This patient was a man, aged 31, who was very strong and had done heavy work. Six years previously he had had syphilis. In the left inguinal region and on the inner side of the thigh was a prominent tumor the size of an egg. This was smooth, rounded, painless and could not be made to disappear. The skin over it was freely movable. On examination fluid could be detected in the pelvis and this fluctuation communicated with the tumor. The hip joint was normal. The tumor was punctured and clear citron yellow slightly tenacious fluid came away. In this case the chief pain was in the region of the knee.

Since Zuelzer's paper several cases have been recorded. The most interesting one is that of DELBET.⁷ This surgeon gives a very short account of a case in which he diagnosed a cystic tumor of the iliopsoas bursa (a hygroma) before operation. On opening the sac he found three foreign bodies each of which was the size of a large nut.

DIAGNOSIS

In summing up his article Zuelzer points out that these tumors may be of various sizes and that the swelling indicates primarily the anatomic position of the subiliac bursa. As the tumor increases it may extend far below Poupart's ligament, sometimes reaching to the middle of the thigh. It may consist of one tumor or be made up of several. It may spread out on either side of the iliopsoas muscle or extend in various directions, and may communicate with the joint. When more than one tumor

6. This is the only case of Zuelzer's that I could not confirm, as the reference is incorrect and consequently I have not been able to obtain Wood's original article. I was unable to trace the case either in the *Index Medicus* or the Index Catalogue of the Surgeon-General's Library.

7. Corps étranger contenu dans un hygroma de la bourse du psoas, Bull. et. mém. Soc. de chir. de Paris, 1902, xxviii, 1264.