

# TUMOURS OF THE RIGHT ILIAC FOSSA.

BY

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The abdominal cavity, to my mind, is a deceitful surprise-box, and an interesting novel could be written dealing with the analysis of the varied emotions which this region of the human body causes every day to the surgeon. One thinks he has to deal with an ovarian cyst and comes upon tubercular peritonitis; we look for what we thought to be a biliary calculus and we find tumour of the pylorus; an abdominal section is made to remove a fibroid of the uterus and we are suddenly face to face with a foetus which stretches out its hand; we expected to find appendicitis, it is pyosalpinx or ectopic gestation.

And this interesting abdomen is not content with humiliating us in a general way; through the most refined cruelty it keeps set apart a small corner of predilection where the most Bonapartist clinician is bound sooner or later to find his Waterloo.

That little corner is the ileo-cecal region, contained in a triangular space whose extreme boundaries are, internally from the umbilicus to the symphysis and externally, Poupart's ligament and the anterior superior spine of the ileum.

We are consulted by a patient bearing a lump in the right iliac fossa; the lump may be hard or soft; at times accompanied with temperature, at other times entirely apyretic. In certain cases, it is a painful tumefaction, in other cases, the tumour is indolent. What is the origin, what is the nature of that lump? I know perfectly well that there are cases where the diagnosis is extremely difficult if not impossible, notwithstanding all the means brought into use to arrive at it, but still we must confess that frequently errors are committed owing to the carelessness exhibited by the physician in the research and the analysis of the symptoms.

In order to recognize the nature of a disease, it is not indeed sufficient to lend a more or less attentive ear to the very often inaccurate relation which the patient makes of his sufferings; it is absolutely necessary to control his tale of woe by a well directed interrogatory and a methodical interpretation of the facts which he brings to our knowledge. The objective examination should be carried out in a systematic manner and we must never hasten to jump too soon at a conclusion, always bearing in mind that exceptions to general rules are numerous. Symptoms apparently similar may belong to very different