Clinical Notes

McBURNLEY'S POINT, AND ANOTHER POINT IN APPENDIX DIAGNOSES.*

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Draw a line from the right anterior superior spine of the ilium to the navel. On this line, an inch and a half from the anterior superior spine, we find McBurney's point. Tenderness on deep pressure at this point gives presumptive evidence of an irritative process in the vicinity of the appendix vermiformis, but tenderness on superficial pressure at this point may mean irritation of sensory nerves of the abdominal wall, and the irritation may be due to causes ranging from hysteria to toxemia. McBurney's point is of great diagnostic value to physicians who possess a considerable degree of collateral knowledge, aside from their familiarity with the symptoms of appendicitis.

Instead of going out on the line to a point an inch and a half from the anterior superior spine of the ilium, come back on the line to a point situated an inch and a half from the navel. Here we find another tender

McBurney's point and another point in appendix diagnoses.

point of definite diagnostic value. McBurney's point and the point here described are six inches or more apart in the adult of average proportions. The point here described has reference to the right lumbar ganglia of the sympathetic nervous system, and notable tenderness of these ganglia has a diagnostic value which may briefly be placed in classification under the following heads; the statements are to be taken as general ones:

1. In the early stages of an acute infective process of the appendix the right lumbar ganglia are tender and the left lumbar ganglia are not tender. (The left lumbar ganglia may be described for diagnostic purposes as lying an inch and a half to the left of the navel.) Under these circumstances the point here described is of secondary importance, while McBurney's point is of prime consequence.

2. A.—When an acute inflammatory process of the appendix has subsided, leaving a mucous inclusion or scar tissue, there may be no tenderness on pressure at McBurney's point, but there is tenderness at the point

here described and no tenderness at the point of the left lumbar ganglia.

B.—When the appendix is undergoing a normal involution process, with replacement of its lymphoid coats by connective tissue, digestive disturbances and various local neuralgias may be due to irritation of nerve filaments entrapped in the new connective tissue. There may be no tenderness at McBurney's point, but there is persistent tenderness at the point here described. There is no tenderness at the point of the left lumbar ganglia.

C.—When the appendix is congested without the presence of infection, as in many cases of loose kidney, there may be little or no tenderness at McBurney's point, but there is persistent tenderness at the point here described. There is no tenderness at the point of the left lumbar ganglia.

Under circumstances A, B and C the point which is here described rises to a position of primary importance, and McBurney's point falls to a position of no consequence or of secondary importance. The point here described will be found to be of value in every-day diagnostic work for differentiating between irritations of appendix origin and irritations of pelvic origin. In irritations of pelvic origin both right and left lumbar ganglia are tender. Take, for illustration, a case in which the appendix and the right Fallopian tube are bound together by adhesions. We are to decide whether certain symptoms proceed from the appendix or from the Fallopian tube. If the symptoms proceed from the appendix the point here described is tender alone. If the symptoms proceed from the Fallopian tube both right and left lumbar ganglia are tender together. Irritation from a scar at the cervix uteri, or from hemorrhoids, will make both right and left lumbar ganglia tender together.

Taking cases as they run in daily practice, tenderness at the point here described alone means irritation proceeding from the appendix alone. Tenderness of both right and left lumbar ganglia together means irritation proceeding from some structure situated in the pelvis.

Under circumstances A, B and C, again, the question often arises as to whether an abdominal irritation proceeds from the appendix, from the pelvis, or from some point above the navel. If the irritation proceeds from some structure situated above the navel, neither the right nor the left lumbar ganglia are tender. A practical feature of the point here described is this: During the year perhaps fifty of the patients sent to me for operation for appendicitis are not operated on for appendicitis; they are either not operated on at all, or have attention given to some organ other than the appendix. Very little time is required for fixing the point in mind. In the course of one day's office work one may examine several patients who will demonstrate the point.

To recapitulate: A patient comes in with the appendix in the form of a question mark. Right lumbar ganglia tender, alone—appendix trouble. Right and left lumbar ganglia tender, together—pelvic trouble. Neither right nor left lumbar ganglia tender—trouble somewhere cephalad from pelvis and appendix.

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Spontaneous Relaxation of the Symphysis Pubis After Delivery.—In the *Revista de Med. y Cir.*, July 25, Arteaga reports that, three days after normal delivery, a multipara found herself unable to move her legs without intense pain in the lower abdomen. Under rest and tonics, conditions returned to normal in two weeks.

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