This case presents more than one feature of interest. First, the bone was not broken at the junction of the outer and middle thirds, as is usually the case when the violence is indirect. Secondly, the fracture was not oblique, as is usually the case when the violence is indirect. Thirdly, injury to the brachial plexus or subclavian vessels is more often due to fractures of the clavicle by direct than by indirect violence.

Weybridge.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A NOTE ON A CASE OF RUPTURE OF THE SUPERIOR MESENTERIC ARTERY.

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THE case of ulceration into the superior mesenteric artery recorded by Dr. A. W. T. Whitworth in THE LANCET of July 18th, p. 157, recalls a similar case which we recently had in the West Riding Asylum. The patient was an epileptic imbecile, aged 34 years, who died suddenly after a seizure. He had been an inmate of this asylum for 12 years, and when admitted was suffering from a discharging psoas abscess, which healed, however, but later he developed phthisis. He also suffered from mitral disease, and this was supposed to be the cause of death. There had been no symptoms to point to abdominal disease. At the post-mortem examination on opening into the peritoneum there was seen to be a large amount of fluid blood and recent blood clot and in the left lumbar region a growth was seen apparently having arisen in the mesentery and this had infiltrated the surrounding tissues and caused some matting of the intestines. A branch of the superior mesenteric artery had evidently ruptured and there was considerable hæmorrhagic staining in its vicinity. Apart from these localised adhesions the peritoneum appeared to be quite healthy, the glands were not enlarged, and the bowel itself was free from ulceration. The psoas abscess had healed but there was advanced tuberculosis of the lungs with waxy disease of the liver, kidneys, and spleen. The mitral valve was found to be thickened and incompetent. On microscopical examination of the tumour it was seen to be a lipoma undergoing sarcomatous degeneration and infiltrated with blood.

I am indebted to Mr. W. Bevan-Lewis, medical director, for permission to publish this case, and to Dr. Agnes H. Nicoll, assistant medical officer, for the clinical notes.

Wakefield.

A NOTE ON THREE CASES OF SUPPURATING BURSA PATELLÆ DUE TO THE PNEUMOCOCCUS.

BY DAVID N. NABARRO, M.D. LOND., M.R.C.P. LOND.,
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It is a well-known fact that Fraenkel's pneumococcus may give rise to suppuration in almost any part of the body, and in his interesting Erasmus Wilson lecture¹ on the Pyogenic Activities of the Pneumococcus, delivered before the Royal College of Surgeons of England on Feb. 12th last, Dr. J. W. H. Eyre gave a list of pathological conditions, other than pneumonia, induced by the pneumococcus. Suppurative bursitis does not appear in that list, and I am unable to find any record of a case of pneumococcal bursitis. The condition cannot be a common one, for Mr. S. G. Shattock and Dr. Eyre had not seen or heard of a case until quite recently. By a curious coincidence I have lately met with a case and heard of two others which by the courtesy of Mr. F. Deas of Merton, Surrey, Mr. L. S. Dudgeon, and Dr. Eyre, I am able to put on record in this communication.

Mr. Deas has kindly furnished me with the following clinical details of his case. The patient was a married woman, aged 32 years, who was first seen on April 22nd of

this year, when she complained of pain and swelling in the right knee. On examination a swelling of the size of a turkey's egg was found over the right patella. The swelling was red, hot, tender, and fluctuating, and was evidently a suppurating bursa patellæ. It was opened on the following day and a large quantity of pus was evacuated. There was nothing distinctive about the pus, which Mr. Deas brought to me for investigation. Under appropriate treatment the healing of the abscess cavity was slow but uneventful. The patient gave no history of any previous illness until two years ago, when she was under treatment for "ulceration of the inside"—uterus and vagina. She emphatically stated that the swelling "came by itself." She had not injured the knee in any way within the previous eight or ten weeks and had done no kneeling.

Bacteriological examination.—The pus was yellowish-green in colour, thick and creamy, and of uniform consistence; it contained no flakes of lymph. Films stained by Gram's method and by methylene blue showed pure diplococci, which in appearance and arrangement closely resembled Fraenkel's pneumococcus. A little of the pus was inoculated subcutaneously into a mouse, which died in less than 36 hours from a pneumococcal septicæmia.

Mr. Dudgeon's case was that of a woman, aged 52 years, who ran a needle into the prepatellar bursa. Suppuration followed and the abscess was opened ten days later. A pure culture of the pneumococcus was obtained by Mr. Dudgeon.

Case 3 was also a suppurating patellar bursa from which Dr. Eyre isolated a pure pneumococcus. Dr. Eyre writes to me that he had never seen a case before.

It is a strange coincidence that these three cases of an apparently rare pathological condition should have occurred at about the same time and that the patellar bursa was the one to be affected in all three patients. In one case there is a definite history of injury, so that the pneumococcus probably gained a direct entry into the bursa along with the needle. In the first case recorded above the patient denied having injured the knee in any way and there is no history of antecedent pneumonia whereby the pneumococcus might conceivably have entered the blood stream and so have reached the bursa. The other alternative is that the pneumococcus was present on the surface of the body and entered through a small scratch or abrasion or through a hair follicle or other natural orifice (sebaceous or sweat gland).

In conclusion, I would thank Mr. Deas for giving me the opportunity of investigating his interesting case; Mr. Dudgeon and Dr. Eyre for allowing me to put their observations on record and for sending me notes of their cases; and Mr. Shattock for bringing to my notice the last two cases when I spoke to him about my own.

Hampstead, N.W.

Medical Societies.

SOCIETY OF TROPICAL MEDICINE AND HYGIENE.

Tropical Trichophytosis.

A MEETING of this society was held on July 17th, Sir PATRICK MANSON, the President, being in the chair.

Dr. ALDO CASTELLANI read a paper on Tropical Trichophytosis. In regard to tinea cruris (dhobie itch, tinea inguinalis), he said that the term "dhobie itch" was used very loosely in the tropics by the lay public to denote practically any pruriginous skin affection. The term, however, was specially used to denote a form of severe pruriginous affection which mostly affected the inner surface of the thighs, occasionally the axillæ, and in stout women the regions under the breasts. It was in that stricter meaning that the term was used by medical men practising in the tropics. The clinical features of the affection corresponded to Hebra's "eczema marginatum." In a well-marked case the perineum, scrotum, and the inner surface of the thighs presented large festooned patches with an abrupt elevated margin; the whole of each patch was bright red, or in a later period the margin only was red while the rest of the patch was of a fawnish colour, or even of normal colour. The pruritus

¹ Reported in THE LANCET of Feb. 22nd, 1908, pp. 539-549.