Clinical Department.

A CASE OF ENLARGED SUBCUTANEOUS BURSA IN FRONT OF THE TUBERCLE OF THE TIBIA.¹

BY G. H. MONKS, M.D.

A LARGE-FRAMED man, with a large bursa on his right knee, came under my care in the Surgical Out-Patient Department of the City Hospital some two or three months ago. He was by trade a floor-layer, and had therefore spent a large part of the time during his work upon his knees. The location and appearance of the bursa suggested that it was entirely in front of the tibia and palpation confirmed this. In other words it was a case of enlargement, *not* of that bursa which is between the ligamentum patellæ and the tubercle of the tibia, but of that one which is entirely in front of (anterior to) the tubercle.

The figure is an outline drawing taken from a photograph. The view represents the outer aspect of leg. The case is interesting as showing that the practice of long-continued kneeling *may*, in certain cases, cause the enlargement of this bursa (in front of the tibial tubercle) instead of the prepatellar bursa, the enlargement of which is so often seen in the common affection known as "housemaid's knee."

VALUE OF CYSTOSCOPY IN THE DIAGNOSIS OF SURGICAL DISEASES OF THE KIDNEY.

BY OTIS K. NEWELL, M.D.,

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THE accumulating evidence from those who are accustomed to frequent use of the cystoscope, is clearly demonstrating its great value under certain conditions in making the differential diagnosis of surgical kidney diseases. At first thought, one might not imagine that there were many ways in which the cystoscope could thus be of value, but on considering certain points its usefulness will readily be seen. Nitze in a communication before the Berlin Medical Society on October 29, 1890, on this subject, brought out some very strong points, most of which he illustrated by the report of cases. His remarks may be briefly summarized as follows:

¹ Reported at the meeting of the Surgical Section of the Suffolk District Medical Society, November 8, 1890.

"In the first place we are enabled to determine with the cystoscope whether or not two ureteral orifices are present, which is of great importance in those cases where a second kidney does not exist. We are enabled to see whether or not both orifices empty fluid into the bladder, and further we can observe by extended observation whether the fluid comes in equal quantity from both sides, whether it is clear or cloudy, and in the latter case whether the cloudiness is due to the admixture of pus or blood."

Nitze substantiated his statements with the report of six cases. They were in brief as follows:

CASE I. Patient, an elderly man who had repeated attacks of hæmaturia. All of the ordinary methods of physical examination gave negative results. Examination with the cystoscope revealed a healthy bladder wall, thus showing the disease to be in the upper urinary tract. The autopsy six months later showed the existence of a sarcoma of the kidney.

CASE II. A woman in whom, aside from profuse hæmorrhage, physical signs were entirely negative. Cystoscopy revealed a healthy bladder, excepting that the very peculiar condition was noticed of a prolapsed ureter on the right side, just as is seen in prolapsus ani. This was undoubtedly caused by the profuse flow of blood which, in its passage through the ureter, had distended it, and thus brought about the prolapse. Post-mortem examination established the existence of a renal carcinoma.

CASE III. Likewise one of very profuse hæmaturia. The bladder was found to be healthy but during the examination it was noticed that the blood was poured out from the left ureter. Operation was refused. Later the tumor became palpable, which was not previously the case.

CASE IV. In this young patient, who had been crushed for stone in several hospitals, it was found that there was no stone in the bladder. It was, however, shown that immense quantities of purulent matter mixed with urine were poured into the bladder from the left ureter. The diagnosis of severe pyelo-nephritis of the left side was thus established, and the operation of nephrotomy safely performed.

CASE V. A patient who had suffered for years from severe pains in the right renal region, at times intermittent, and at times continuous. On account of a journey over a rough road hæmaturia was started and a cystoscopic examination while this was still present showed that the bleeding came, not as was supposed from the right, but from the left side. The case is not yet explained as it has not come to operation, but the presumption is, either that the patient had not correctly located the pain, or that calculus exists upon both sides.

CASE VI. Woman, eighteen years of age, had repeated attacks of severe hæmaturia. Digital examination of the bladder gave no satisfactory indication of the source of the bleeding. By cystoscopic examination it was found that the bladder was sound, but that from the right ureteral orifice a stream of blood was being steadily poured. On the ground of the diagnosis thus established, nephrectomy was successfully performed.

I have had four similar cases where the existence of the disease was proved to be above the bladder, — one in particular examined for Dr. Maurice D. Clark of Haverhill, where, in an elderly woman, with no positive physical signs other than profuse hæmaturia, the bladder was found to be free from disease. The right

uretral orifice was especially prominent. The other cases also gave only the evidence of absence of bladder source for the symptoms, and presented no such striking points of suggestion as those quoted from Nitze. None of them have yet come to operation or post-mortem examination.

In cystoscopic examination of the bladder one of the first and easiest things to distinguish, after the vessels in the vascular wall, is the uretral orifice on either side. When the distension fluid can be kept clear long enough for an examination of a few moments, any flow of blood or cloudy urine from the uretral orifices can be readily seen. Clots over points on the bladder wall from which hæmorrhage has previously come are frequently noticed.

In the conclusion to be drawn from these facts I decidedly agree with Nitze that the cystoscope furnishes a most valuable means of aid in the diagnosis of renal affections and that through it the prognosis of cases may be improved by bringing them earlier to the surgeon for operation.

Reports of Societies.

SURGICAL SECTION OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.

GEORGE H. MONKS, M.D., SECRETARY.

REGULAR Meeting, Wednesday, November 5, 1896, Dr. E. H. BRADFORD in the chair.

Dr. R. W. LOVETT read a paper on

HYDROCELE IN CHILDREN, WITH A REPORT OF CASES.¹

Dr. M. H. RICHARDSON said: Dr. Lovett has not spoken of a common method in use at the Massachusetts General Hospital. I dare say it is spoken of in all the books, though I do not remember having seen it;—that is the very successful method of tapping by means of a glover's needle. Numerous punctures through the skin and the tunica vaginalis allow the fluid to escape from the sac into the surrounding tissues, and in large drops through the skin. I have tapped a good many in that way with excellent results. My last case, however, was not successful, and the fluid returned, and there was quite a large collection of it. The question of a radical operation was considered, but it was finally decided best to wait a while till the child got older to see if the fluid would not disappear ultimately after a second tapping. This case I have not seen since. I should certainly agree with the writer, that any very severe operations were not justifiable, in view of my experience with the glover's needle treatment, and I certainly should not like to inject into the tissues of a child any irritating substances as we do in adults.

Dr. G. H. MONKS showed photographs of a patient with

ENLARGED SUBCUTANEOUS BURSA IN FRONT OF THE TUBERCLE OF THE TIBIA.²

Dr. RICHARDSON said: The bursa involved here is in front of the insertion of the ligamentum patellæ, and I remember a case where this bursa was enlarged to the size of an orange. It gave no inconvenience

whatever, but acted as an efficient pad in kneeling, and the man demonstrated this by suddenly dropping with all his weight upon his bent knee, and resting on this bursa as on a cushion. I saw this case a number of years ago, and it made quite an impression on me. The sac must have been thick and strong. The bursa usually enlarged is that over the patella. There is another between the ligamentum patellæ and the top of the tibia, and thirdly, this one—I don't know how constant it is—directly in front of the insertion of the ligamentum patellæ into the tubercle of the tibia.

Dr. MONKS also showed a patient, a man of fifty or thereabouts, upon whom he had operated for the relief of that

ENORMOUS HYPERTROPHY OF THE NOSE,

which is occasionally noticed in connection with acne rosacea hypertrophica. Before the operation the skin was red and filled with comedones and pus. Union by first intention was, therefore, out of the question. The forehead and cheeks were covered with acne pustules. Four times the nose was operated upon, twice with ether. The skin of each ala was dissected back, and the excess of underlying tissue removed, and the skin flap replaced, its edges having been trimmed off. When healing had taken place, a large, wedge-shaped piece of tissue was removed from the end of the nose and the edges brought together. The incision, when stitched, formed a straight line from the root of the nose to its tip. Subsequently a large amount of tissue was removed from the bottom of the nose around the nostrils.

The nose of the patient had been greatly reduced in size by the operation. Before operating it measured three and one-eighth inches transversely from ala to ala, and after the operation this was diminished to one and three-quarters inches. The size of the nose was correspondingly diminished in its other diameters. The acne pustules had been successfully treated with sulphur ointment.

Dr. F. B. GREENOUGH: I think this is a very successful, and more than that, a wonderful result. It is not only that a satisfactory nose has been made, but the enlarged sebaceous follicles, which must have existed, are apparently in a comparatively normal condition now.

Dr. E. G. CUTLER: Dr. R. M. Hodges once operated on a case like this, apparently quite as bad, if not worse. He did two operations, and got a very successful result. I was present at the operations. There was a good deal of hæmorrhage in the first one, not so much in the second. He took out elliptical portions of skin and drew the edges of the wound together. He had arranged to do three operations, but the patient thought he looked well enough as he was after the second operation, and, therefore, refused a third one.

Drs. E. G. CUTLER and M. H. RICHARDSON presented a paper on

A CASE OF DIGITAL DILATATION OF THE PYLORUS FOR CICATRICIAL STENOSIS.³

Dr. NEWELL: I should like to ask Dr. Richardson what would be the objection to excising the pylorus in a case where the patient could have stood the operation.

Dr. RICHARDSON: I think the objection to that

¹ See page 584 of the Journal.

² See page 591 of the Journal.

³ See page 581 of the Journal.