CHRONIC RHEUMATIC BURSITIS, INDEPENDENT OF THIS DISEASE IN ADJOINING JOINTS.

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IN 1882 I presented to the Pathological Society an example of bursal disease, similar in its pathological detail to chronic rheumatic arthritis of joints, but occurring independently of any direct connection with a diseased joint.

Mr. Adams heads his chapter on "Bursal Tumours" thus—"Bursal Tumours developed in the vicinity of the Joints affected with Chronic Rheumatic Arthritis," and throughout his discussion he adopts the view that "such bursal tumours may be considered symptomatic of this disease existing in the neighbouring joint." The specimen I now submit is almost identical with the example I exhibited in 1882, and, like it, presents well-marked chronic rheumatic bursitis, occurring independently of disease of the neighbouring joint. This specimen shows the bursæ between the tendons of the obturator internus and the pulley-like surfaces of the lesser sciatic notches diseased. The cavities run into the bursæ beneath the attachments of the hamstrings to the tuber ischii on each side, and the surface of all the involved bone is roughened, and gives to the touch the rugged feel characteristic of bone undergoing absorption.

The tendons involved show a condition of fraying similar to that so constantly seen on the surface of the biceps tendon in the shoulder-joint affected by chronic rheumatic arthritis. In this specimen we have the hip-joint preserved on the left

side, and it is evident that it has not suffered to any marked degree from chronic rheumatic arthritis. And from the condition of the opposite acetabulum we can state the same for that hip.

The symmetry of the bursal disease constitutes a very remarkable feature, and is sufficient to place the case in the category of the constitutional form of the disease as defined by Adams.

The great trochanter exhibits also well-marked chronic rheumatic bursitis, similar to that involving the lesser sciatic notches and the attachments of the hamstrings. I regret that I had not the opportunity of examining the great trochanter of the opposite side, as it had been removed some time before my attention was directed to the dissection.

The portion of the spine connected with this pelvis shows that chronic rheumatic arthritis had established itself in the articulations of bodies of the vertebræ, for there is a well-marked development of the osteophytes which grow in the anterior common ligaments under its influence.

I have seen this form of bursal disease pretty often during dissection, and I have been able, in a few instances, to recognise it in the living. Last year I saw a specimen in all respects similar to this, and I would have gladly preserved it, but it was prepared for a special anatomical demonstration, which prevented my obtaining it. This season I published in the anatomical department my want of such a specimen, and in a very few weeks it was discovered for me. I mention these facts to prove that chronic rheumatic bursitis is not an uncommon disease. I have recognised it in the living in some of the superficial bursæ, but as yet I have not met with it in the lesser sciatic notch or tuber ischii.

Certain it is that one suffering from this affection, would, should he drive on our roads, need the support of pneumatic tyres. The fact that in these bursal sacs there are no carti-

lages present, must modify the view so often expressed that a histological change in cartilage is the essential feature of the disease. It can develop in situations where no cartilage exists.

The following passage, a translation from Cornil and Ranvier, states the opinion commonly held as to the essential character of these pathological changes:—

“These arthritics are essentially characterised by a villous state of the cartilages, by a hypertrophy of the synovial fringes, by ecchondroses or osteophytes around the cartilaginous investment. Whatever the joints attacked, and in all the forms of the malady, the histological process is the same. It consists essentially in a proliferation of the ancient cartilage, and in a new growth of cartilage on the fibrous parts, from which it results that the term which defines it best is ‘arthrite proliférante’ (‘the velvety state’ of Redfern, Weber, Volkmann).”