will rapidly finish the healing of an ulcer which has become stationary under other methods of dressing. In the use of ointments it is necessary to spread them thinly on the lint, otherwise they cake and obstruct the flow of the discharge.

Sutherland-avenue, W.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

SOME BURSAL AFFECTIONS.

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HÆMORRHAGES and sudden serous effusion into the cavities of bursæ have not received much notice or the attention they deserve. Hæmorrhage into a bursa is traumatic in origin, and may follow (*a*) contusion or (*b*) severe and sudden movement of a joint over which the bursa is situated. The sacs most liable to this injury are, in order of frequency, (1) the two pre-patellar, subcutaneous and subfascial; (2) that over the olecranon process; (3) that over the tuber ischii; and (4) the subacromial bursa. The position of these over bony surfaces or "points" favour the production of this condition.

In support of these statements I append the following cases as typical of the two chief causes:—1. An old man, aged seventy, a month before coming under notice fell and struck his buttock A swelling over the right tuber ischii quickly appeared, which has remained the same size, the skin over it now being red and œdematous. On incision the tumour was seen to consist of a glistening cavity lined with blood-clot, which was turned out and drainage established. It would not close, so the bursa was excised, and the patient made a good recovery. (2) A coalheaver, aged forty, when lifting a weight, felt a "click" in the right elbow, and found a soft swelling at the point of the elbow. This "hardened" on the way up to the London Hospital, and on admission I found a tense, painless swelling in the situation of the olecranon bursa, which on palpation was felt to contain clot. The history here was so circumstantial that I regarded it as a case of hæmorrhage into a bursa following exertion. In a similar manner a fall on, or the impact of a falling body on, the point of the shoulder causes the subacromial bursa to fill; subsequent crackling on active or passive movement has led to the diagnosis of "fractured anatomical neck" &c.

Signs and symptoms.—The subject of hæmorrhage is important because the signs accompanying the presence of blood in bursal sacs are those which would lead us to confidently expect pus, and I have seen many cases of enlarged bursæ treated by incision when the sole contents were blood in various states of change, or merely serum more or less blood stained. Following a blow, fall, or severe strain, a swelling appears in the anatomical position of a bursa; this enlargement comes on rapidly—usually in a few minutes,—and patients tell you that the lump has been "the same size ever since the fall &c.," a most important point in the history. On palpation fluctuation is readily obtained with a certain amount of pain and tenderness, especially when caused by contusion; in a few days redness and œdema of the skin over and round the bursa appear, and we have the classical cardinal signs of inflammation ("tumor, dolor, rubor, calor") present, but as we shall afterwards see not pus but "cruor." The thermometer is here our best, though not an infallible, aid. In hæmorrhage pure and simple, although the signs of suppuration appear so unequivocal, we find the temperature rarely above normal. Relying on signs alone, I have seen many bursæ opened as abscesses, to find nothing but a blood-clot or serum, with, in some cases, such as the pre-patellar bursæ, thin pus in the subcutaneous, but blood-clot only in the thick-walled subfascial, cavity, analogous to the so-called "reflex abscesses" outside a joint the seat of commencing disease. It is in these cases that ecchymosis is not present; when it is, no doubt exists as to what composes the tumour contents. Crackling or rubbing is a sign especially marked on palpating a subacromial bursa filled with blood-clot. The so-called "melon-seed bodies," so often to be demonstrated by palpation at the bottom of such bursæ as the olecranon and pre-patellar, are, I take it, evidences of former hæmorrhage, being composed of condensed decolourised (more or less) fibrin, either free in the cavity or moored by a longer or shorter pedicle to the interior; occasionally they are fixed and sessile. My object in calling attention to these points is to prevent bursæ being needlessly opened, for tedious suppuration almost invariably follows and the bursa has to be excised.

Treatment.—The limb should be immobilised on a splint, an ice-bag or evaporating lotion applied, and rest of the joint ensured for several weeks if the patient be anæmic or tubercular in order to prevent suppuration The swelling slowly subsides, leaving "melon-seed bodies" behind, and these seem to be the starting point of hæmorrhage following exertion. That hæmorrhage into bursæ is more common than it is supposed is proved by finding broken-down clot in the contents of abscesses caused by the bursting of a suppurating bursa into the subcutaneous tissues—e.g., round the knee-joint.

Another interesting condition, of which I have seen several examples in the subcutaneous pre-patellar sac, is the deposit of tubercle in bursal cavities leading to infiltration of the overlying skin, suppuration, and finally an ulcer of the size and shape of the bursa. These have been accompanied by other tubercular affections, and are most obstinate to treatment.

Plymouth.

TREATMENT OF A CASE OF CHRONIC PLEURISY BY CONTINUOUS DRAINAGE.

BY B. BASKETT, M.R.C.S., L.R.C.P. LOND.

THE following case may be of interest to readers of THE LANCET, as I am unable to find any record of the disease having been so treated. The patient was under the charge of Dr. A. J. Harrison in the Bristol General Hospital, and it is by his permission that I am allowed to submit it for publication.

W. B——, a middle-aged man, a sailor by occupation, with a history of previous good health, was admitted to hospital on July 13th, 1891, suffering from very considerable pleuritic effusion on the left side. All the physical signs were well marked. There was absolute dulness on percussion all over the left side, breath sounds could not be heard, and the heart was displaced well over on to the right side. The symptoms had first been noticed about six weeks before admission, but he had not been tapped. As was to be expected, he was then in a very low state of health. Aspiration was at once performed, and forty-four ounces of serous fluid were removed; but, as he showed symptoms of faintness at this point, the operation was discontinued. There was no difference in the percussion resonance after tapping, and the only change observable in the physical signs was that ægophony, which could not be heard before, was perceptible at the level of the seventh dorsal spine, and that vocal resonance was present in the upper part of the cavity. The first tapping made no permanent difference, and the fluid began obviously to reaccumulate within a few days. Aspiration was accordingly done again, and then again, in all seven times—the amount removed at each sitting varying from two to six pints. Every effort was made to restore his strength by tonic medicines and nutritious diet; and later on in the case he was put on diuretics and counter-irritants applied to the chest wall. But he went steadily down hill, and after nine weeks of this treatment matters began to wear a very grave aspect. At this stage it was finally determined to drain the pleural cavity continuously. From the cachectic state at which he had arrived there was much reason to expect that the fluid, hitherto serous under the irritation of the constant presence of a drainage-tube and the frequent exposure to the air at the time of dressing, might become purulent, however rigidly the antiseptics were maintained; but if it did so, the inflammation thereby indicated might serve a useful purpose and close the cavity; while if it did not, the drainage, as in other serous cavities, might restore the balance between secretion and absorption, and so end the case. Careful examination of the fluid had been made and was hereafter made, but no tubercle was