

CORRESPONDENCE.

ACUTE SUPPURATING BURSITIS OF THE SUBDELTOID BURSA.

EDITOR ANNALS OF SURGERY:

As instances of acute suppurating inflammation of the subdeltoid bursa are not common, the report of a case with the ultimate results may not be out of place.

W. C. R., male, aet. 40 years, was first seen on September 15, 1909. A strong, well-built man, who had always enjoyed excellent health. He had never contracted gonorrhœa nor syphilis. For two days before coming under observation the patient began to experience severe pain in the right shoulder. The pain came on suddenly without any known cause, and increased to such a degree that within forty-eight hours the patient was in real agony.

Examination showed no change in the shoulder by inspection. Palpation revealed nothing excepting some pain over the deltoid, but any movement of the shoulder would cause great pain. Local applications and the internal administration of natrii salicylate gave no relief after two days' trial, the pain continuing so severe that morphine had to be given. Temperature was always normal.

On September 18 the shoulder was radiographed and a distinct outline of the subdeltoid bursa was revealed (Fig. 1) and the correct diagnosis arrived at.

Operation was done on September 19, with the kind assistance of Dr. F. J. Cotton. A posterolateral incision ten centimetres long was made, the fibres of the deltoid separated by blunt dissection, and a tense subdeltoid bursa readily brought to view. Upon incision, about five cubic centimetres of thick yellow pus escaped, which was unfortunately lost for bacteriological examination. The bursa was easily extirpated and a small rubberdam cigarette drain inserted, after which the wound was closed. Drain removed in forty-eight hours.

The arm was put up on a Munk's rectangular splint, which was worn for three weeks, after which passive and active motions

were begun, with the result that within six weeks after the operation the patient had very fair use of the arm. At the present time of writing (October 12, 1912), three years after the interference, the patient has a perfect functional result.

The obscurity of the etiological factor in this case is interesting, as the patient had never had a urethral infection, nor had he received any trauma to the shoulder. He has been in perfect health ever since.

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OPERATION UPON A NEW-BORN BABE.

EDITOR ANNALS OF SURGERY:

The rather infrequent occurrence of operation work on babes, made necessary, however, at times, is well illustrated in the following case: A male child born to Mr. and Mrs. Harry Elliott at 11 o'clock P.M., September 13, 1912, under the professional care of Dr. James A. McMurray, of Marion, Ohio. The babe had an embryonal cyst of the cord, near the body, size of a large double fist, as well as an umbilical hernia which was really more an eventration than an umbilical rupture. On consultation it was decided to give the babe a chance by operative surgery, rather than trust nature. The babe was, therefore, sent to the hospital, anæsthetized with chloroform by Dr. H. J. Lower, the mass excised, and the umbilical hernia reduced and sutured. The operative work was done on this babe exactly fourteen hours after birth. It bore the anæsthetic well, and made an uneventful recovery.

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