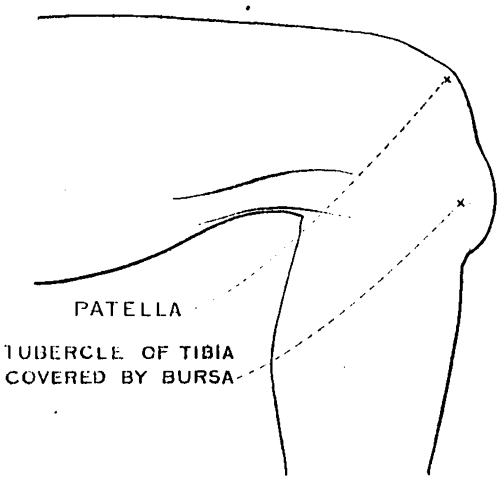
Clinical Department.

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.

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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:

"In the first place we are enabled to determine with the cystoscope whether or not two uretal 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 uretal 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

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