

and contain a very little elastic tissue. The inner surface is lined with one layer of so-called endothelium and the contents of the bursa resemble those of the joint. They are slightly tenacious, thick and usually just enough in amount to keep the walls of the sac smooth.⁵

CASES OF CYSTIC DEVELOPMENT OF THE ILIOPSOAS BURSA AS COLLECTED BY ZUELZER

HOFFA: The patient, a workman, was struck on the right foot and the left arm. He walked home at once a distance of about two miles, remained without treatment for fourteen days and again went to work. A year later he complained of pain in the region of the right hip. On examination the leg was found slightly flexed, abducted and rotated outward. At the hip was a painful tumor which was clearly visible and palpable; it lay under Poupart's ligament between the psoas and the pectineus muscles and was of the consistence of bone. On flexion of the leg, however, fluctuation could be detected. The trochanter was in its normal position and movements of the hip-joint were easily made. Adduction, flexion and rotation inward were, however, somewhat limited. The pain extended down to the knee. The corresponding leg was somewhat thinner than the other. This case was diagnosed by a colleague as an impacted fracture of the neck of the femur and the tumor was thought to be a callus formation pressing on the crural nerve and causing pain. There was no shortening of the leg.

EHRLE: A cooper, aged 33, for thirteen years had suffered with pain in the leg and down its inner side. Four months before coming under observation he noticed a tumor situated slightly below Poupart's ligament. This was ovoid in shape and lay under the large vessels. On extension of the leg the tumor became hard. On flexion fluid could be detected. Extension and rotation outward produced pain. By flexion it was clearly seen that the psoas muscle was lifted up. The hip-joint was free.

HERDTMANN: The patient had been squeezed between two cars, the chief pressure coming on the left hip. The patient was carefully watched as he was supposed to be a malingerer. On examination, however, a painful swelling of the bursa beneath the tendon of the iliopsoas muscle was found. Flexion of the leg or rotation inward caused much pain in the joint.

MOMMSEN: This surgeon saw a patient who had an elevated, clearly fluctuating painless tumor which projected from the region of the iliopsoas muscle and passed out beneath Pou-

5. Those interested in the development of bursæ should not fail to read the excellent paper on Luetic Bursopathy of Verneuil by Dr. John W. Churchman, Resident Surgeon in the Johns Hopkins Hospital (The Am. Jour. of the Med. Sc., September, 1909).