

was followed by the disappearance of an induration in one c. c., while a new node showed itself in the other. So that the treatment was not conclusive as to the etiology of the affection.

Some have thought that the affection might be the result of a traumatism. But there is no evidence in favor of such etiology unless we accept as proof the two following rather remarkable cases reported by O'Zoux, of Bordeaux: Two young men, intimate friends, Mr. O., medical student, and Mr. T., a soldier, after exposure, injected with force, as a prophylactic, a strong solution of sulphate of copper. Two months later the soldier showed the student a small hard nodule the size of a pea in his right c. c. He had discovered it by accident. He had never had either tenderness or pain. The student then examined his own penis, and to his great surprise discovered a similar lesion. Neither of these young men had ever had any venereal disease nor did they suffer from gout, diabetes or rheumatism; it is not probable that their nodes had a traumatic origin, as they never had either pain, tenderness or an ecchymosis. Their nodes did not disappear.

The histology of these tumors is not very well known. In the case of a man aged 50, from whom Tuffier removed one on account of pain, the microscopical examination showed that it contained both fibrous and cartilaginous tissues and was a chondro-fibroma.

A node removed four years ago at Bellevue Hospital, N. Y., for examination, was said by the pathologists of the Carnegie Laboratory to be a carcinoma of the c. c. (*Med. Rec., N. Y.*, 97, v. 1, p. 283.) When gummy tumors of the c. c. shrivel up, and become fibrous or calcify, they might be mistaken for the nodes of plastic induration. The former are very rare—occupy generally only the anterior third of the penis—are hard, painless swellings which have been larger, and the patients have a history of syphilis.

In plastic induration the nodes are hard, frequently tender on pressure and often painful in the beginning, increase in size very slowly, may remain stationary but never diminish, and are not affected by antisyphilitic treatment.

All observers agree in regarding the disease as incurable. In young men it is liable to bring on neurasthenia and be a cause of suicide.

I know of only two cases said to have been cured—one in a syphilitic patient already mentioned and the other a diabetic whose nodes disappeared under treatment for his diabetes. Treatment is useless—removal of the tumors, if they impede copulation and are not too numerous, is recommended by most authors.

Within the last few years I have seen the following cases:

CASE 1.—J. J., a country merchant, consulted me on the 6th May, 1893, for a hard lump in his penis. He is 46 years old—has been 21 years married—father of nine children, two of which died a few hours after birth, he knows not why; one died of diphtheria and one of diarrhoea (infantile). From some unknown cause his wife was prematurely delivered at six months and seven months at her third