

Surgery.

CASE OF SCIRRHUS OF PROSTATE.

(Under the care of Dr. DICKINSON.)

Primary scirrhus of the prostate is so rare that the only other case with which we are acquainted was recorded by Mr. Adams in *The Lancet*, 1853, vol. i., p. 394. Some have even denied its existence, but the evidence of the occurrence of this condition cannot fairly be impugned. When cancer commences in the prostate, it is almost invariably encephaloid in character. Last year Mr. Butlin showed at the Pathological Society (see *The Lancet*, 1876, vol. ii., p. 574) a specimen of primary scirrhus of the bladder, but in this case the prostate was almost entirely unaffected. The subjoined notes of this case, for which we are indebted to Mr. A. Craigmile, M. B., house-physician, will therefore be read with great interest.

G. B.—, forty-seven years of age, a sailor, was admitted into the medical wards on Oct. 20th, 1876, suffering from chronic rheumatism. The pains in the joints soon passed off, but as he remained very weak, a more careful examination was made, and he then stated for the first time that he had pain and difficulty in passing water. He had had gonorrhœa a year before, followed by stricture, for which he had been treated by instruments. The perineum was hard and cartilaginous, and there were two fistulous openings there. The glands in both groins were considerably enlarged, especially on the left side, and all were of a stony hardness. On examination per rectum, a hardened mass was felt, corresponding in size and shape to an enlarged prostate, and so hard as at once to suggest scirrhus, especially when associated with such glands. No catheter could be introduced beyond the stricture, but as morphia suppositories were found to give him ease in making water and freedom from pain, no further attempt to cure the stricture was made. The other signs were those of persistent cystitis, and occasionally he passed blood. He got gradually weaker, and the cancerous cachexia became more marked. He died on the 12th of January, 1877.

The post-mortem appearances were the fol-

lowing:—The tissues at the base and sides of the bladder were all matted together and thickened. The prostate was about the size of a horse-chestnut, and when cut into had all the appearance of scirrhus. There were three glands lying along the right iliac vessels much enlarged and hardened. The bladder showed well marked signs of cystitis, both ureters were greatly dilated and thickened, and the kidneys were undergoing atrophy from the backward pressure of the urine; but all these changes seem to have been due to the stricture rather than to the disease of the prostate, since the prostatic portion of the urethra was of normal size, and the tumour did not seem to obstruct the outflow of urine. There was no appearance of cancer elsewhere, nor any other noteworthy change in any of the organs. Microscopic examination showed great dilatation of the tubes of the gland, with large collections of cells in them, as in ordinary glandular carcinoma, but there was exceedingly little infiltration of the muscular stroma, which seems to be characteristic, for Rindfleisch, quoting another authority, says it is confined to the glandular elements, and that the stroma remains passive. The enlarged glands were also cancerous when examined. The kidneys both showed well-marked interstitial nephritis.—*London Lancet*.

"SPONTANEOUS" CURE OF HIP DISEASE.—There was exhibited at a late meeting of the New York Pathological Society the head of a left femur, illustrating a spontaneous cure of hip disease, notes of which appear in the *Medical Record* of New York. It was removed from a boy eleven years of age, who had died of gastrointestinal disorder. The deformity of the hip presented the appearance of a dislocation of the head of the femur on the dorsum ilii. On examining the joint at the post-mortem, the muscles in its immediate neighbourhood were found well developed, the sinuses which had existed during the progress of the disease had entirely healed, and the bone itself presented no signs of actual disease. The head of the bone, however, was firmly fastened in the acetabulum; a portion of the caput femoris was entirely gone, the remainder being considerably eroded along its whole extent. The point of interest was the alteration of the relation of the head of the bone to the shaft, so that it assumed the position of a right angle. There was no dislocation present; but the alteration in the angle of the neck of the bone gave a general direction to the limb resembling that deformity. The disease of the hip dated from 1871.