

Original Communications.

RECENTLY OBSERVED FACTS RELATIVE TO THE PATHOLOGY OF THE PROSTATE.

By HENRY THOMPSON, F.R.C.S., Assistant-Surgeon to University College Hospital, etc.

II.—TUMOURS OF THE PROSTATE.

UNDER this heading, I refer only to tumours which possess a so-called benign tendency. The prostate is liable to be affected by tumours of a cancerous kind, but these are very rare as compared with those now under consideration. It would be difficult to find above thirty recorded cases of undoubted cancer of the prostate; and a generalisation of the facts afforded by these, presents little which need be noted here. The simple tumours, on the other hand, are exceedingly common, as will be seen below.

1. *Simple Tumours.* The formation of small isolated tumours in the substance of the prostate is a circumstance very frequently observed when making dissections of the organ. They are of small size, ranging from that of a pea, or smaller, to that of a cherry; the latter size being rare. Their growth is slow; their consistence is firm; their structure closely resembles that of the prostate itself, especially the stromal or non-glandular tissue of the organ; their histological characters are altogether simple or benign, and wholly unlike those of any cancerous growths. Perhaps they are most commonly found in the lateral lobes, especially at their posterior extremities. Occasionally they are imbedded in the median portion, "middle lobe", whether this part is enlarged or not. Sometimes they appear just under the capsule, and so spring from the surface, carrying in an outward direction the capsule as a covering, but nevertheless escaping altogether the contour of the gland, and looking almost like an independent or outlying formation. Occasionally they are really "outlying"—i.e., separated by an interval from the prostate itself. A space of half an inch has been seen to intervene between such a tumour and the adjacent gland; a narrow line of duct, with other vessels and a little tissue, alone connecting them.

Their existence is important, practically speaking, in one point of view. While a prostate which is simply hypertrophied may become largely so under certain conditions, without affecting materially the functions of the bladder or urethra, and causing little or no obstruction to the outflow of urine, one of these small tumours developed at the neck of the bladder may produce almost complete inability to micturate. The small, firm, rounded projection which it constitutes, fills up the internal meatus, closes it almost entirely against the natural efforts to relieve the bladder, and renders necessary the artificial aid of the catheter. At the same time, these circumstances existing, little or no enlargement of the prostate may be present or ascertainable by rectal exploration, and little or no difference in the length or the curve of the catheter is required for the case. These conditions, which are undoubtedly exceptional, I have nevertheless not unfrequently observed during life and verified after death.

Tumours of this kind do sometimes exist in non-hypertrophied prostates; but much more generally the reverse is the case.

Thus, among the 164 preparations of the prostate from

individuals at or over 60 years of age, which have been referred to in the preceding paper, in 57, isolated tumours were present, and easily demonstrable. In about one-fourth of these cases, the organ did not exceed the natural weight; they therefore do not rank with hypertrophied prostates. In the remaining three-fourths, tumour and hypertrophy coexisted. I have seen small tumours present, but producing no enlargement whatever, as early as 50 years of age.

We have thus a condition quite distinct from hypertrophy, but liable, like it, to produce obstruction to the outflow of urine, and chronic retention and engorgement of the bladder, in elderly subjects—a condition which requires similar management also, in all respects. The practical lesson is one which relates to diagnosis; and it is simply this, that we are not to affirm the absence of obstruction at the neck of the bladder, and infer the existence of paralysis affecting that viscus, when it is unable to empty itself by voluntary efforts, because we discover no enlargement of the organ by rectal or by urethral examination. The obstruction may be, and in these circumstances it not unfrequently is, due to the existence of a small rounded tumour developed in the substance of the prostate, but projecting considerably into the urethral canal, and usually, although not invariably, in or near to the situation of the uvula vesicæ.

I possess drawings of several examples in which great difficulty in passing urine existed during life, although the prostate was but very slightly hypertrophied; and the obstructing portion, which just filled the neck of the bladder, was not larger than a small nut. In some of these the obstacle was constituted by a small tumour, covered by a thin layer of prostatic tissue proper, from which it was turned out entire on making a section of the enveloping structures.

ii. *Outgrowths from the Prostate.* These appear to stand midway between the isolated tumours and the general hypertrophy of the organ. The typical example is the so-called enlarged "middle lobe", when it assumes a pyriform shape, being attached to the prostate by a pedicle, and often projecting far into the cavity of the bladder. It is so well known as to need no further notice here.

FEVER IN THE ZAMBESI.

By DAVID LIVINGSTONE, M.D.

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IN the typical cases given in Dr. McWilliam's *Medical History of the Niger Expedition*, the gall-bladder was found distended with black bile; and, if my memory do not deceive me, most of the cases treated with quinine at an early period of the disease either recovered, or were subjected to the milder or intermittent form of fever.

In 1850, I adopted the plan of giving quinine mixed with a purgative as the first step of the treatment, and was successful in the cases of two of my own children and an English party whom we found at Lake Ngami, and of whom one had died before our arrival. I have lost the notes of my reasons for adopting the practice; but I have been successful in every case I have met with since. The prescription employed is resin of jalap and calomel, of each eight grains; quinine and rhubarb, of each four grains. Mix well together; and, when required, make it into pills with the spirit of cardamom. Dose, from ten to twenty grains. The violent headache, pains in the back, etc., are all relieved in from four to six hours; and with the operation of the medicine there is an enormous discharge of black bile; the patient frequently calls it blood. If the operation be delayed, a dessert-spoonful of salts promotes the action.