9 out of the 84 operations needed a second dressing; the dressing first applied being one of salicylic or "salufer" wool held in position by a gauze bandage.

Out of 63 divisions of the femur for genu valgum, in only 1 was any pus seen, and in that case, a small piece of necrosed bone, about the size of a sixpence, came away, but the patient ultimately did well.

Of the tibial cases, two suppurated and required a number of dressings, and in one of these the ends of the bone had to be refreshed. In these two cases the saw was used instead of the chisel. Except in the three cases which suppurated, the temperature was normal. The ultimate results, so far as the straightness of the limbs is concerned, have been very satisfactory; but it was found that unless instruments were ordered there was usually a tendency to a recurrence of the deformity when the patients returned to their old mode of life; hence, after the first few cases, instruments were always ordered to be worn from about the eighth week, that is from the time of removing the plaster-of-Paris dressing, which was usually applied during the second week, when the cases were treated as out-patients. The ages of the patients varied from 4 years to 40, but the greater number were young adults. Syrup of phosphate of iron was generally given for some time after the operation, and if possible the patient was sent to a convalescent home or into the country.

The presence of the considerable numbers of deformed limbs seen in most of our large towns, for instance Glasgow and Leeds, is a standing reproach to the public authorities and to preventive medicine. I would suggest that more attention ought to be paid to the dwellings of the poor, overcrowding should be prevented, back to back houses should not be allowed, efficient sanitary arrangements should be compulsory, and no chamber should be permitted to be used as a dwelling room that would not allow of the free entrance of light and fresh air.

I cannot help thinking, that ignorance has more to answer for than negligence, in the greater number of these cases, and that if parents were instructed in the art of correctly feeding their progeny, and were educated to be ashamed of seeing their children grow up deformed (when by a little attention in the incipient stages, deformity might be prevented), a great step would be taken in the right direction.

Fortunately, however, as the foregoing cases show, it is now possible, thanks to Dr. Macewen and to the antiseptic system of treating wounds, to correct these deformities by division of the bones, just as easily and efficiently as subcutaneous tenotomy can correct cases of talipes.

THE FIBROMATOUS PROSTATE.

By REGINALD HARRISON, F.R.C.S.,

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THE term fibromatous prostate seems to me to represent better than any other that condition of the part which most frequently brings it under the attention of the surgeon. Ordinary hypertrophy, where the relative proportions of the constituents are preserved, may be said to be the acquired disposition of the prostate in a considerable proportion of elderly males, to whose comfort we may infer it contributes. In the examination of men of sixty years of age or thereabouts, many of us must have been frequently struck, not only with the size the part has attained, but also by the immunity of the individual from symptoms of urinary incompetency. But in these persons, though the area of the prostate is increased as determined by the touch, there is usually no evidence that the part has undergone structural substitution. Nor is it at all necessary or consequential that such a hypertrophic alteration in bulk should give place to a new order of things, and that disturbed function must ensue. It seems to me, from a good many years' clinical observation in reference to this point, that no inconsiderable proportion of persons who have large prostates live about as long and as comfortably as others who are not so provided. Is the accession of urinary symptoms in persons so circumstanced to be attributed to what might be called the accidents of living, or to the development of tolerably well-defined changes in the hypertrophied part itself? Without referring to points which I have already discussed at length,¹ I may say that my

observations lead me to believe that it is only when the hypertrophied prostate becomes the fibromatous prostate that it is capable of arousing those symptoms of chronic irritation and obstruction with which we are familiar in persons of advancing years. The liability to these and sundry complications arising out of them is largely determined by the elements entering into the composition of the part involved. That a muscular prostate is capable of adapting itself to circumstances where a fibrous one is not, is, I think, a statement most of us would at once be inclined to admit. Reviewing what I have noticed of the symptoms which are assigned to senile prostatic enlargement, I cannot recall an instance where there was not evidence when looked for, not of structural increment alone, but of fibrous predominance. In some of these careful examination after death has shown us that fibrous tissue has largely invaded the muscular apparatus of the prostate. This substitution or proliferation is in practice observed in a variety of ways, which may be briefly illustrated.

The slightest forms of fibromatous prostate are often met with in elderly men in connection with sudden attacks of retention of urine, which conventionality assigns to indulgence in alcohol or sexual excess, often without sufficient evidence thereof. Exposure to wet or cold, such as sitting on a damp seat, is, I believe, a far more frequent cause. In this way some swelling of the part occurs, and retention of urine ensues. A few days' careful catheterism and warmth to the perineum usually put matters to rights again. Examination of the prostate with the finger, from the rectum, shows by the presence of indurations that it has undergone other alterations than those which could be included under the term hypertrophy. Taking another class of cases, I refer to those where elderly persons suffer from more or less irritability of the bladder, with excessive mucous exudation. Such individuals are often tormented by day and night to a degree which neither Nature nor the catheter can appease. Rectal examination shows not only that these men have, like a great many others, large prostates, but that they also have hard, knotty ones, which offer considerable resistance to the finger. In the last place let me illustrate from that class of cases where the prostate, by its fibrous excrescences, simulates stone. Here not only have we intense vesical irritation and inflammation due to the growth having encroached upon the interior of the bladder, but we have a secretion of mucus far exceeding anything that is usually seen in connection with stone in the bladder. Again, the catheter and the finger show that we have a still more advanced form of fibrous degeneration to contend with.

The outcome of these remarks, so far as I have observed, is that a large prostate may, functionally, mean very little. When, however, there is evidence that structural alteration of the kind indicated has taken place in it, the liability to the accession of urine symptoms is greatly increased. Further, in these changes we shall probably find an explanation not only for the development of symptoms which the commoner form of prostatic hypertrophy does not afford, but also, I believe, for certain alterations which have been observed in the physiological action of drugs upon the part.

In practice I have found that the structural condition of the prostate in the elderly often furnishes the best means for prognosticating events, so far as the urinary apparatus is concerned, just as a physical examination of the heart will enable the physician to forecast the future of the circulatory system.

These observations, bearing upon the pathology of the enlarged prostate, will probably find full expression in connection with the views I have advanced in my recent Lettsomian Lectures, as to the muscular power of the prostate in retaining and storing urine.

NOTES OF A CASE OF ABSCESS IN THE GROIN CONTAINING THE VERMIFORM APPENDIX.

By W. D. SPANTON, F.R.C.S. Ed.,

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AN unmarried lady, aged 62, consulted me in October, 1888, for an abscess of the right groin, which was so painful as to call for relief. She stated that her general health had been good, and that two years before, in carrying a heavy basket, she felt something give way in the right groin. It caused pain at the time, and a small swelling appeared shortly afterwards, but as it occasioned only slight inconvenience, no further notice was taken

¹ Lettsomian Lectures, 1888.