PRIMARY SCIRRHUS—PLEURO-PNEUMONIC AND RENAL.

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The great rarity of this complaint, and the infrequency of its correct diagnosis, render this case of unusual interest.

James G., aged 62, a miner, weight about 12 stone, admitted into the Ballarat Hospital 13th July, 1883, for stricture of the urethra; treated by gradual dilatation, and discharged cured 7th August. He was re-admitted under my care 17th May, 1884, for pleurisy with effusion on right side. Height about 5 feet 7 inches, weight about 9½ stones; pale, but with a little natural ruddiness over cheek bones; body seems destitute of fat; hair brown, turning grey, and scanty. Right chest enlarged, intercostal spaces a little prominent, and action inefficient in respiration; glands not enlarged. On percussion, anterior dulness below nipple, less above it, laterally and posteriorly dulness not absolute; vocal fremitus defective; bronchial breathing all over to extreme base. No pain, cough, or elevated temperature; eyes prominent, pupils exceedingly contracted, eyeballs hard, vision indistinct. These latter conditions were much relieved by eserine locally. As usual he passed his catheter about once a month, sometimes drawing blood. Urine was examined occasionally for albumen and sugar without finding any. Always grumbling.

The treatment was pot. iod. internally, iodine paint externally, and fomentations. He left on 30th August very much better. Dulness but slight, breathing less bronchial, eye affection not troublesome. He had taken daily exercise in the garden, and slept fairly.

On 17th September he was again admitted, decidedly thinner and paler than on 17th May, signs and symptoms as at that date, save that his eyes did not trouble him. His temperature never rose above 98°, in the evening it sometimes fell to 97°, yet he gradually wasted till 2nd December, when slight bronchitis with dyspnœa set in. This was relieved by lobelia and senega, but he gradually became weaker, and died quietly at 2.45 a.m. on 16th January, 1885.

At the autopsy, at 3 p.m. on the 17th, the body was still warm, much emaciated, pale, no enlarged glands to be detected. Costal cartilages required sawing. Anterior right pleura had to be dissected off the sternum, was much thickened, and of leathery

consistence. Right lung needed dissection from the parietal pleura as anteriorly. The chest was half full of degenerated clots, from the size of a pigeon's egg to an orange, sienna coloured, shaggy externally, internally containing a pale or burnt sienna, thin fluid, a few amber-coloured irregular clots posteriorly. Parietal pleura white, resisting the knife; lung pleura upper third the same, merging into a similar condition of the lung, a piece of which might have been mistaken for part of a scirrhous mamma. Lesser bronchi patent from apex to base, lung substance deep slate coloured, bronchial glands not enlarged. Left parietal pleura thickened anteriorly, elsewhere dotted with scirrhous masses like split peas. Lung pleura also spotted, especially anteriorly, where in the upper part they were coalescing. Lung substance not remarkable. Left chest about half full of dark serosanious fluid, about half a pint of long, amber-coloured clots posteriorly. Heart relaxed, pale, and thin. Liver slightly granular. Right supra-renal body matted to kidney, upper two-thirds of which, supra-renal body included, being entirely replaced by scirrhus, ending abruptly in what looked normal tissue. This scirrhus creaked under the knife, and showed the usual creamy juice on scraping. Glands and other organs seemed normal.

Remarks.—There was nothing in this case to indicate scirrhous kidney. There never was blood or albumen in the urine. Occasionally there was pain in the right loin, but never severe or persistent, and therefore it attracted no attention. Cachexia was absent, sleep good, cough not troublesome. Dyspnœa not beyond what might be expected from the interference with the movements of the right lung. Temperature all through was a little sub-normal. The contracted pupils were suspicious, but a few days' treatment with eserine permanently relieved them. Microscopic examination of sputa would probably have been of no avail, as there was no evidence of softening in any part of the lung tissue. The absence of enlargement of any of the glands was remarkable. A fortnight before his death, as he wished something to be done for him, I aspirated posteriorly. The trochar entered with great difficulty, owing to the tissue resistance, and only about a drachm of bloody fluid came away.

Ballarat, 19th February, 1885.