

ARTICLE V.—*Cases of Amputation of the Penis; with Remarks.*

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(Read before the Meeting of the Forfarshire Medical Association, held on the 13th July 1871.)

WHEN looking about me recently, in order to find something in any degree unusual, and not of everyday occurrence, which I might offer to you on this occasion, a patient happened to be under my care in the Infirmary here, in whose case I had performed amputation of the *membrum virile*, on account of malignant disease of that organ; and as in the course of the last eleven years other three instances of the same ailment, in each of which the same proceeding was adopted, have come under my notice, it occurred to me that a short history of the operation, and its results in these cases, might prove not altogether unacceptable to the members of this Association.

Most surgical writers state that cancer of the male organ is not of frequent occurrence. Perhaps it is not, if we take it in relation to the frequency with which this disease invades other parts of the body; but I think the fact, that four instances of this ailment have occurred in the practice of one of us, during a period so comparatively short, proves that it is not so infrequent as some indicate.

I can hardly conceive that any cause, short of the existence of disease of a malignant character, can necessitate this mutilation; and, as in my cases the relief from severe suffering was so decided, and the prolongation of life so unlimited, under circumstances of comparative comfort, even when the prognosis was far from favourable, I have been induced to select this subject for your acceptance to-day.

The first case was admitted into this Infirmary in March 1860. The man was a seaman, in his fifty-fourth year. He had been going to sea until within a short time of his admission, and was in fair general health. The entire glans and prepuce, as well as a considerable part of the body of the organ, were involved in the disease. There was a chain of enlarged glands in each inguinal region, and the man's sufferings were great. After a short trial of the effects of rest and escharotics without the smallest benefit, amputation was performed at the root of the organ by a single stroke of an amputating knife. Three or four vessels were secured by ligature, and a piece of dry lint applied. About two hours after the patient's removal to bed, very considerable hæmorrhage occurred, which was arrested by the application of a saturated solution of alum. In a very few days the glands in the groin began to diminish in size, the wound healed quickly, and in a few weeks the patient left without the least tendency to contraction of the

urethra, but with two or three of the glands still enlarged. A week ago—that is, eleven years since the operation—I saw him quite well.

In the summer of 1865, a farm-servant from the neighbouring county, about sixty years of age, consulted me on account of epithelial cancer of the glans penis, which was the occasion of much pain, and prevented him following his usual occupation. His appearance was cachectic, and each groin was studded with enlarged glands. The prepuce and body of the organ were free from disease, and paraphimosis existed. The entire glans was removed in the same manner as in the former case. All the bleeding vessels were carefully sought for and secured; but in two hours I was again summoned, as the patient was faint from loss of blood. A very considerable stream of blood was seen to issue from the preputial orifice, but on exposing the wound only a general oozing could be discovered. A piece of narrow tape was tied tightly round the now flaccid and empty prepuce, with the effect of completely arresting the bleeding. This patient returned home within the week. He had no contraction of the urethra, and passed water freely. When he left, the inguinal glands were already undergoing a process of diminution. Three years afterwards, I was asked to see this man again at home. He was then labouring under a disease of an entirely different nature, of which he died. He was able to tell me that his old ailment had never again threatened him.

A sailor, aged forty-two, was admitted into the Infirmary in December 1870, who had been for almost a year the subject of epithelioma of the prepuce and glans. He had a short time previously been in another hospital, where scissors and escharotics had been used without more than temporary benefit. When removal of the organ was proposed to him, he begged that measures of a nature less severe might first be had recourse to. Accordingly, while under the influence of chloroform, various masses of warty-looking structure, growing from hard broad bases, were removed by scissors, and potassa fusa freely applied. This proceeding appeared to increase the growth of the disease. By-and-by the encroachment of the cancerous mass upon the urethra rendered micturition very difficult, and the glands in the neighbourhood were visibly enlarging. The poor fellow was now anxious that the first proposal should be carried out without delay. This was accordingly done in the same manner as formerly. Every bleeding vessel was secured, but, as happened in each of the previous cases, profuse secondary hæmorrhage took place about two hours after the patient's removal to bed. This was speedily and most effectually arrested by drawing the loose integument well over the bleeding stump, placing it between the blades of a pair of dissecting forceps, close up to their junction, and then tying their points firmly together. The wound healed well, the glands diminished in size, and the man left. As the urethra showed a dis-

position to contract, a bougie had been regularly introduced for some time previous to his departure.

In the course of the summer he returned, on account of the difficulty he experienced when passing water, having been at work for a couple of months. During his absence he had attempted to dilate the urethra by passing a catheter himself, but he had evidently perforated the canal immediately under the symphysis pubis, the result of which was a considerable abscess. The urethra was freely divided upon a slender director with great benefit. When this patient left, it was doubtful whether, in addition to the urethral narrowing, a malignant deposit had not made its appearance in the situation of the urinary abscess, and helped to embarrass micturition. There was, however, room for hope that inflammatory condensation, the result of this abscess, might be the cause of the hardness, and may yet disappear.

The last case to which I shall solicit your attention is that of a labourer, aged fifty-five, who was admitted into the Infirmary in April of the present year. He also had been in another Infirmary previous to his admission here, when operative interference had been declined. In this instance the prepuce and glans, as well as the body of the organ, were involved. In addition to the chain of moderately-enlarged glands in each groin, there was in the right groin one gland larger than the others, having the skin over it slightly reddened. The entire organ was removed as on the previous occasions, but in this instance the urethral membrane was divided by scissors into four flaps, and each flap stitched by a fine needle and thread to the integuments, in the manner practised by M. Ricord. Ten vessels required ligatures. The wound healed well, without any tendency to contraction of the urethra; and when the patient left, the enlarged glands, even that one with the suspicious blush, were gradually getting less.

*Remarks.*—Malignant disease of the penis is accounted one of the diseases of advanced life. Amongst the cases I have brought under your notice, there was one occurring at the early age of forty-two, and it is the one which we discharged in the least hopeful condition. The result of the operation in this case induced me to deviate from the plan I had followed previously with so much satisfaction. The mode, however, last adopted seems preferable, as it ensures in a great degree the patency of the urethra, as well as the more speedy cicatrization of the wound.

The operation is an easy one. Professor Syme says, "The penis may be amputated without ceremony." He and most surgeons recommend that the organ be removed by a single stroke of a sharp amputating knife, and that a bougie be introduced occasionally to prevent contraction of the urethra during cicatrization. To obviate this, M. Ricord recommends and practises the plan adopted in the fourth case recorded in this paper.

Dr Watson of Edinburgh practises an operation which—to use

his own words—consists in “thrusting a long and narrow bistoury between the corpus spongiosum and the corpora cavernosa near the root of the organ, carrying it forward for about an inch, when the corpus spongiosum and skin corresponding to it are divided by a stroke of the knife downwards, and the amputation completed by the division of the corpora cavernosa on the level where the knife was originally introduced. The skin then, dissected back from the corpus spongiosum, has a longitudinal button-hole made at its base, through which the corpus spongiosum is passed.”

It is very generally advanced by surgical authorities that operative interference should not be had recourse to if the glands in the groin are affected. Now, in every one of the cases just narrated, this glandular complication existed in a degree more or less decided, and in all of them the operation was followed by great amelioration of symptoms and was no doubt the means of considerably prolonging the lives of the patients. Epithelioma is almost always the disease which causes a necessity for this special amputation, and every one is aware of the general success which attends removal of this disease in the lip, its most common situation, and the length of time it often exists in the rectum, before a fatal issue takes place, when excitement and irritation are guarded against. One peculiarity of the operation is the tendency to secondary hæmorrhage. In spite of the most careful and prolonged search for bleeding vessels, this occurred in three of the cases.

The object I had in view, in the preparation of this short and imperfect paper, was, if possible, to show that the unfortunate subject of malignant disease of the male organ should not be entirely abandoned, although the glands in his groin are, even in a considerable degree, affected.

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ARTICLE VI.—*Case of Ovario-Mania.* By STRETHILL WRIGHT, M.D.; Senior Assistant Physician of the Royal Edinburgh Asylum for the Insane, Morningside.

INSANITY, connected with and dependent upon disorder or disease of the organs contained in the abdominal and pelvic cavities, is characterized by a want of power in the mental manifestations; it is insanity of the asthenic type. Cerebral disorders originating from temporary and curable abdominal disease are of frequent occurrence: they vary in gravity from the peevishness and feeling of incapacity for reflection produced by an attack of indigestion, to cases where the mental impairment is such as to necessitate placing the patient under supervision; thus affording the sane control of others to assist his own depressed and incapable will and judgment.

As an instance of mental disorder arising from such a state of things, and curable in its nature, I may mention the case of a