

The epithelial form of cancer is that which usually attacks the penis. I have seen only one instance of encephaloid, viz., that given above, and in that, death would in all probability soon have taken place from frequent attacks of bleeding had not the operation been performed. It is also worthy of remark that the patients did not suffer the excessive pain said to attend the disease, almost invariably.

Nor did I notice the dreadful melancholy which some of the French Surgeons state, always follows amputation of the penis. The friends of the first patient did not notice any difference in his manner; and the habits of the other two were not more than usually dissipated—they had always been drunkards and continued so to the last. This point is not touched upon by English writers, but it has acquired importance in the eyes of some French authors from the fact that an eminent surgeon was assassinated by a patient whose penis he had amputated and who became, from that moment, morose and melancholy.

From the time that Hey published his cases of cancer of the penis, the text books have repeated his statement that the disease occurs chiefly in those who are the subjects of congenital phymosis. Now, this condition was not present in the above cases, nor in two others that I had an opportunity of examining, expressly with reference to this point.

I need not now draw attention to the modern method of amputation, in preference to removing the mass by ligature, a plan followed by the older surgeons, from the erroneous notions they entertained that wounds of the penis must necessarily prove fatal from hemorrhage, nor do I intend occupying the reader's time, with a detail of the method proposed for preventing a closure of the urethral orifice, viz., by dissecting off the end of the organ in such a way as to

of the indisposition of such tumours to return, whereas I had to amputate this lady's arm in consequence of a return of the disease in less than three years after Mr. Cooper's operation. It was called *Enchondroma* by Mr. Cooper, and a very minute microscopic description was given of its composition, and was quoted by Dr. Howard as an example of "Myeloid tumour." I am content to style it by the old fashioned term, "osteosarcoma" and I dare say most of my readers will understand its peculiarities better, by its old name. I am not surprised that Dr. Howard should have taken this case to support his views, for the following passage from Mr. Cooper's paper would lead any one to form the same opinion. "*From the character of the abnormal development, there is evidently nothing to fear in the form of a malignant disease, and there is also reason to believe that, as the diseased mass is removed, a healthy action may be re-established in the parts, and that, wanting the irritating stimulus to secrete and throw out the constituents of the abnormal growth, there will be no tendency for the disease to return.*" The microscopic examination of the tumour was made by my friend Mr. Quekett."—*Med. Times*, for February, 1852.

Need I state how disappointed this poor lady and her friends were to find that the disease began to return about the very time the above lines were penned—although the strongest assurances to the contrary were given before she had consented to the operation.

I do not wish it to be supposed that I consider the above statements to detract in the least from the value of Dr. Howard's excellent paper on Myeloid Disease—on the contrary, I consider it one of the clearest and ablest memoirs we have on the subject, and that it reflects great credit on the able author and the school with which he is connected.