

extent. The attacks of bleeding became more frequent, and the loss, each time, becoming more profuse, he at last consented to amputation and a day was appointed for his entrance into hospital. In the meantime, however, a very profuse bleeding took place which nearly carried him off, and as I dreaded delaying the operation any longer, it was performed on the same day as the second case just related. Two arteries required ligature, and on visiting him in the afternoon, there was a good deal of bleeding from the surface of the stump. The clots were removed, and a narrow roller applied round the stump so as to bind the penis on the silver catheter already introduced, and a plentiful supply of tannin was sprinkled on the bleeding surface, which had the effect of immediately arresting all oozing.

Nothing worthy of remark occurred during the healing of the wound. In about three weeks, the patient returned to his occupation. He visited me several times after leaving the hospital and about three years after the operation he died of internal disease most probably of a malignant form, but of this I am not certain as I did not attend him in his last illness.

These three specimens of cancer are in the Museum of McGill College.

There are few diseases more rarely observed by the surgeon than cancer of the penis. I recollect the late Sir P. Crampton stating in a clinical lecture that he had seen only five cases during his long and extensive practice. One of these cases occurred in the person of a surgeon of the Meath Hospital, and was concealed from the knowledge of his colleagues till it had assumed so extensive a development as to prevent all interference. On the occasion to which I allude, that eminent surgeon removed the penis from a strong healthy-looking countryman, in a novel manner. The patient was engaged in describing the origin and progress of the disease, when an assistant drew the penis over the edge of a table and at the moment it was properly stretched, Sir Philip applied a broad chisel to its dorsal aspect, and with a sharp tap of a mallet severed the diseased mass from the healthy portion of the organ. The man was surprised to find that an almost painless operation had been performed by this original method. I may mention that Sir Philip amputated the index finger of a young woman for neuralgia by the same method on the same day. He explained to the class, that he was led to adopt this plan from observing how often patients undergo severe injuries without pain, when they are inflicted suddenly, and when the attention is rivetted on some other object.

The statistics of the French Hospitals also prove the rarity of this disease. Walshe states that out of 8289 cases of cancer, the disease presented itself only 10 times in the penis. I am very much disposed to doubt the accuracy of such statistics. I have myself seen 9 cases of the disease and I am perfectly satisfied that I have not seen 7471 cases of cancer in other organs and situations, which should be the proportion allowed me for investigation by the French Statisticians.\*

\*Surgeons should be extremely cautious in regulating their practice by the tables of Statisticians. In an able paper recently published by Professor Howard of McGill College on *Myeloid Tumours*, a table is given of all the cases recently published, and amongst them is one of a lady from whom the late Mr. Bransby Cooper removed a tumour of the radius. Dr. Howard quotes this case as an example