

granulations though large were rather healthy looking. He suffered but little pain in the ulcer, and did not seem to be much inconvenienced by its presence. The disease had been treated very actively by escharotics without success, and as he was convinced himself that it was of a malignant nature he readily agreed to its removal. Previous to operating, I gave him the benefit of any remaining doubt as to its nature. He was admitted into St. Patrick's Hospital, and subjected to a mild mercurial course combined with iodine. This did not produce any effect one way or the other upon the disease, and on the 29th June I amputated the penis in the usual way, with one sweep of the knife—the patient having been placed under the influence of chloroform. There was only one vessel requiring a ligature. A silver catheter was introduced and the stump of the penis bound gently upon it by means of a narrow roller, and cold water dressing was applied to the wound.

Nothing worthy of note occurred after the operation, and the wound healed rapidly. The patient unfortunately returned to his irregular mode of life, and neglected the advice I gave him to keep the orifice open by introducing a bougie from time to time. At the end of some months he applied at the hospital for re-admission, when it was found very difficult to get an instrument into the urethra. After a little time, however, he was able to pass a catheter for himself, and was discharged.

For more than two years after the operation was performed, this man remained free from any return of the disease. He was in good health and was seen daily working at his employment. The disease returned at the end of last summer, just three years after the operation, and he died of epithelial cancer of the penis and inguinal glands, in the Montreal General Hospital, a few months ago.

*Case 3.—Encephaloid Cancer of Penis. Frequent Attacks of Hemorrhage.—Amputation.—Death three years after operation.*

A tall sickly looking man, formerly a soldier, and of very intemperate habits, was sent to me for admission into St. Patrick's Hospital by Dr. Godfrey, on account of a malignant ulcerating mass engaging the left side of the prepuce and corresponding three fourths of the glans. The patient who was married, stated that though much addicted to drinking, he had not exposed himself to syphilitic infection for many years, and when he first noticed a slight soft tumour at the junction of the prepuce with the penis behind the glans, he was reluctant to consult a surgeon lest his wife might charge him with infidelity, and though conscious of its non-venereal character he became greatly alarmed at its rapid growth. This small tumour was first noticed five months before he applied to Dr. Godfrey. It quickly increased in size, and a month before he applied to me it became ulcerated on its surface and a profuse watery and foetid discharge commenced flowing, and occasionally hemorrhage took place, at first slight, but latterly very profuse. These attacks of bleeding were difficult to arrest and usually left him weak and pale, and for several days after an attack he felt miserable and prostrated, and was obliged to have recourse to his usual remedy—whiskey, in which he indulged to a great