

When situated in the pectiniform septum the nodules are wedge-shaped—the base of the wedge upwards—and when the contiguous portions of the sheath on each side of the base of the wedge are affected the nodule is more or less saddle-backed. The induration rarely extends through the whole thickness of the corpus cavernosum. Two or more nodules may exist at the same time. According to Keyes a nodule may disappear and be replaced by another elsewhere. Easily discovered when the organ is flaccid, they are scarcely appreciable when it is in a state of erection during which they do not expand, thus causing the penis, at that spot, to be bent over to the affected side, producing what Ricord called penile strabismus. When the induration extends through the whole thickness of both c. c., that part of the penis situated in front of the induration remains flaccid during erection, and the male organ of generation has then the undignified appearance of a flail. Although this bending of the penis is rather awkward during sexual intercourse yet it does not altogether impede it. The semen is expelled but slowly, and sometimes it oozes away only after erection has ceased.

As a rule the bending of the penis first attracts the patient's attention and brings him to the surgeon. The nodules gradually and very slowly increase in size and number—or remain stationary—never getting very large and never disappearing and being situated generally in the posterior three-quarters of the organ. They never become large enough to permit of their discovery by simple inspection. They never suppurate. In the beginning there may be some slight pain and the hard spots may be tender under pressure. This affection was first well described by La Peyronie in 1743, later on by Kirby, and in 1874 by Keyes. The last extended account of it was given by Tuffier in 1885.

The etiology is obscure. La Peyronie ascribed the disease to syphilis and his opinion prevailed until 1850, when Kirby, supported by Verneuil, Paget and others, rejected it and declared the affection to be always due either to gout or to diabetes.

After 30 years of age, according to Tuffier, the tissues which form the c. c. begin to increase in thickness and to lose somewhat of their elasticity; these changes become gradually more pronounced with age, and under the influence of arthritism and its manifestations, gout and diabetes, become exaggerated and progress irregularly, thus producing the nodes. This explanation does not cover the cases occurring in young subjects.

At the present day gout and diabetes are looked upon as being the principal, if not the sole, etiological factors. Nevertheless, a few cases supposed to be of syphilitic origin have been reported; but the facts on which this etiology is founded are far from being conclusive. Antisyphilitic treatment has cured only one patient whose nodes disappeared after the prolonged use of KI. in large doses.

In another patient, undoubtedly syphilitic, a long course of KI.