

nication in a former series of this Journal, previously alluded to, as also that of Dr. Fenwick.

MONTREAL, April 25th, 1860.

XXVII.—*Contributions to Clinical Surgery and Medicine.* BY ROBERT L. MACDONNELL, M. D., Surgeon to St. Patrick's Hospital.

No. 5. *Cases of Cancer of the Penis.*

Case 1.—*Epithelial Cancer of Penis.—Amputation.—Death three years after operation.*

A retired naval officer consulted me in Nov. 1845, on account of a small cancerous tumour occupying the left side of the glans penis, near the corona, and involving the reflexion of the lining membrane of the prepuce. It was about the size of a large marble, deeply rooted and ulcerated. The ulcerated surface presenting the usual appearances. On examination, I found that when a large sized catheter was introduced into the urethra, the tumour could be moved and was not connected to the walls of that canal, and this led me to remove the disease by longitudinal excision, so as to leave the orifice of the urethra and the greater part of the glans untouched. The patient was very much opposed to having another medical man present, and assuring me that I could depend upon his steadiness and nerve to assist me at every step, I proceeded to operate in the following manner. A large silver catheter passed into the urethra was entrusted to the patient, who also kept the penis steady. I then dissected the tumour carefully from the surrounding parts, and was glad to find that I could do so from the wall of the urethra without opening that canal. There was a good deal of hemorrhage which was soon arrested by the application of powdered tannin. The catheter was left in, and the patient was instructed how to apply a narrow bandage around the penis, keeping the catheter *in situ* as a fixed point, so as to arrest any further bleeding.

There was nothing remarkable in the subsequent progress of the case. The patient enjoyed good health for a couple of years. His relatives here were not even aware, I believe, that he had been operated upon, and one of them informed me lately that he died in Dublin of cancer about three years subsequent to the operation.

Case 2.—*Epithelial cancer of Penis.—Amputation.—Death three years after operation.*

J. R., aged 46, a strong healthy looking man, though of intemperate habits, was sent to me by Dr. Fenwick, under whose care he had been for some months. He presented a large ulcer on the penis partly involving the glans and the prepuce and extending backwards to the body of the penis. It was about three quarters of an inch in diameter, of an oblong shape, and covered with hard gristly granulations with deep firm roots, not bleeding when touched, and having on their surface a thick dirty yellow secretion; in other respects these