

On passing a sound it was found that the urethra, anterior to the constriction was normal, the sound passed out in front of the cicatrix and could be made to enter the other end of the torn urethra with ease, about half an inch of the urethra being entirely wanting. Micturition was performed without difficulty and no trouble resulted. The boy says he had occasional erections, the large end, which hangs down from the narrow pedicle enlarges, but is quite independent of the root of the penis which tends to assume the erect position.

It is evident that in this case the enlargement of the penis is caused by the gradual growth of scar tissue at the site



of the old wound constricting the parts so as to interfere with the proper return of blood. No doubt, at the time of the accident, the cavernous bodies were broken or torn across as well as the spongy portion and urethra. As the anterior portion of penis could never be of any use and was decidedly not ornamental, amputation at the point of constriction was recommended and hopes were held out that the remaining inch of the penis which was normal might develop. This treatment was refused and the boy now occasionally attends as an out patient. It was suggested that the urethra be repaired by a plastic operation, but this course has little to recommend it considering the uselessness of the interior portion of the organ and the character of the tissues to be operated upon.