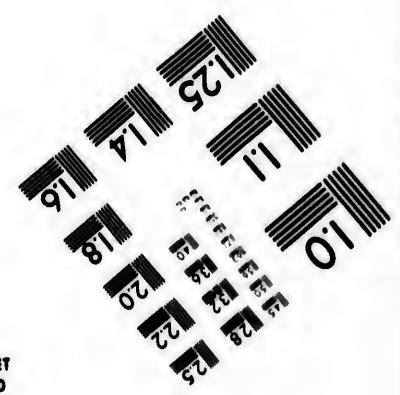
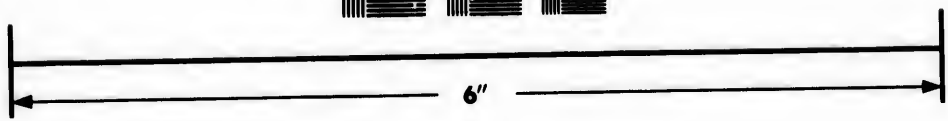
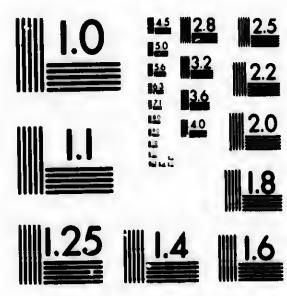


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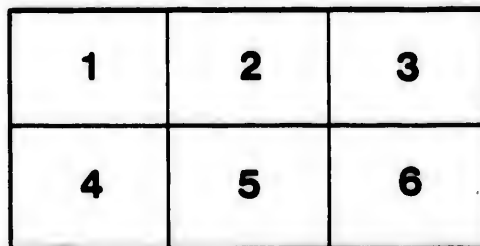
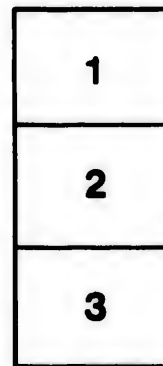
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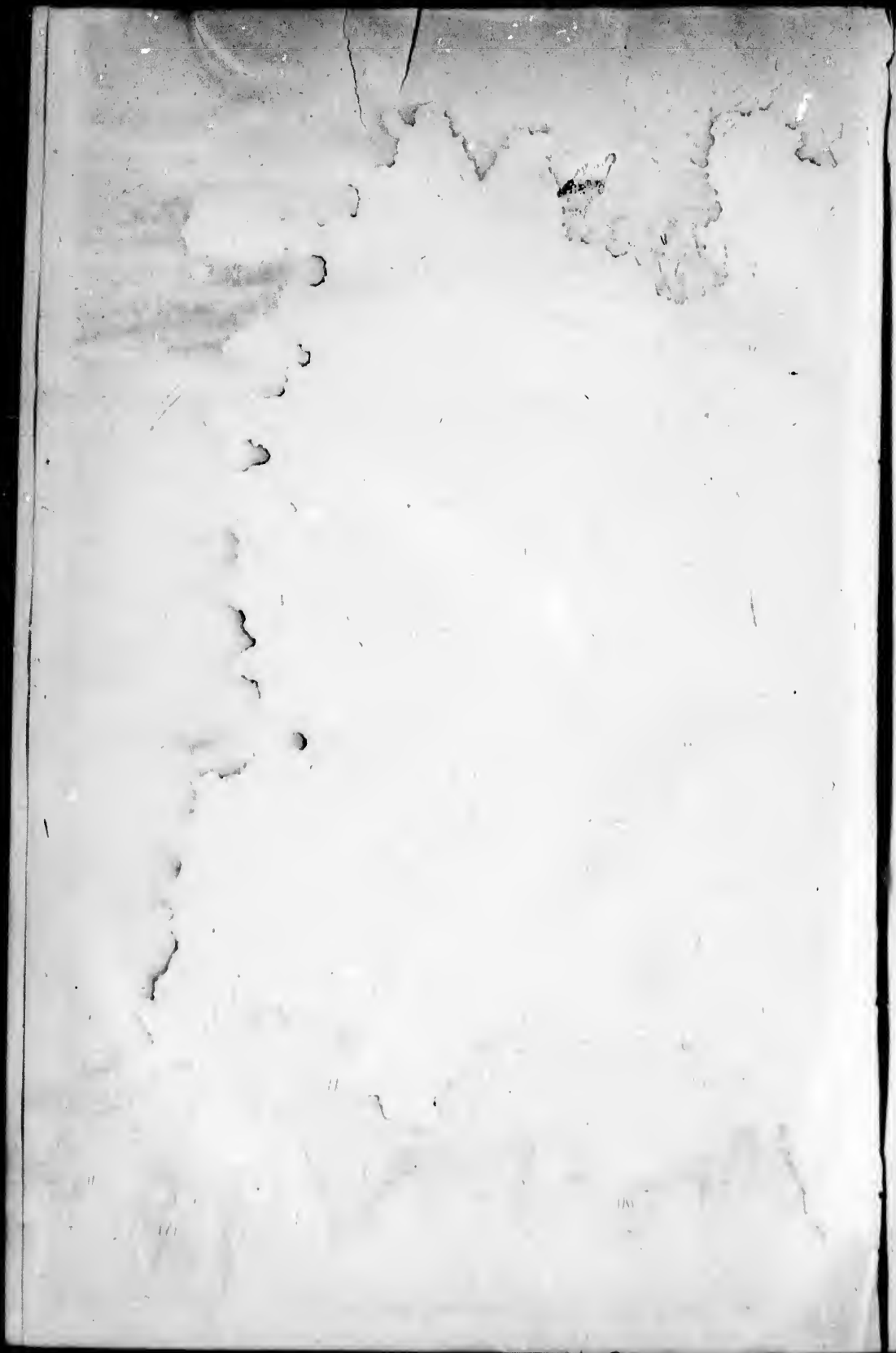
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REMARKABLE CASE OF CIRCULAR CONSTRICTION OF THE  
PENIS IN A BOY, PRODUCING A CONDITION OF ELEPHAN-  
TIASIS.

BY

FRANCIS J. SHEPHERD, M.D., C.M.

Surgeon to the Montreal General Hospital, etc.

THE following case is of sufficient rarity and interest to be placed on record.

Gustave R., æt 15, was admitted into the wards of the Montreal General Hospital on September 2d, 1892, suffering from an enormous enlargement of penis and a urethral fistula. His history taken from the case-book is as follows: "At the age of three years had a fall which caused laceration of the under surface of the penis. The urethra was ruptured and the wound took some time to heal. Ever since the accident the boy has passed his water through the torn portion of the urethra which is about one inch from the root of the penis. His parents say that for some years the dorsum of the organ remained quite normal in appearance but later on the scar tissue about the old wound on the under surface began to grow and gradually encircled the penis causing at the same time an enlargement in its anterior part. During the past year this enlargement has increased much more rapidly and a deep furrow is now produced by the constricting band which gives the penis the appearance of hanging by a thin pedicle."

When I saw him first his penis presented a remarkable condition. The root was normal in size for about an inch, then came a deep furrow with cicatricial tissue at the bottom, this caused a great diminution of the circumference at this point and formed a pedicle by which hung an enormously enlarged and altered penis. There was, in fact, a condition of elephantiasis, the prepuce being especially enlarged. It looked as if a string had been tied around the organ and had produced this effect. (See cut.)

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.

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