A CASE
OF
CANCEROUS INFILTRATION OF THE PENIS;
WITH
CANCEROUS ULCER OF THE BLADDER, AND SECONDARY
DEPOSITS IN THE LUNGS, BONES, AND OTHER
PARTS OF THE BODY.

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CANCER of the penis usually attacks the anterior part of the organ, the prepuce being in the contracted state called phymosis. It may assume the characters of epithelioma, or appear as a hard knot, which has been, in some instances, mistaken for a chancre. But general cancerous infiltration of the penis is, according to my experience, so rare, that I venture to bring the following case before the attention of the Society.

Richard C—, æt. 55, was admitted into St. Bartholomew's Hospital, September 10th, 1863, under my care, on account of enlargement, induration, and distortion of the entire penis, attended with severe pain. He had also a small nodular swelling on the right tibia.

He said that, although he had suffered slightly from

venereal disease in his youth, he had never, for very many years, experienced any trouble with his urinary organs until about eighteen months ago, when micturition became frequent, difficult, and painful. He applied for relief at another hospital, where catheters were daily passed. In consequence of this treatment much bleeding ensued. The swelling on the tibia was of eight months' duration.

The patient was sallow and emaciated. He seemed completely prostrate both in body and mind. There was complete phymosis; and from under the prepuce there flowed on pressure a sero-purulent, fetid, and offensive discharge. The penis was rigid, and of incompressible hardness. It was bent on itself, the concavity directed upwards, so that micturition was difficult in the extreme, and could only be accomplished by the patient throwing himself into strange and uncomfortable attitudes. He suffered so much pain at night that the repeated administration of morphia was necessary. On two occasions morphia was injected under the skin of the right arm, but the immediate effect was, contrary to our expectations and experience, such intense smarting pain, that this method of administering the remedy was abandoned, although its ultimate effect was satisfactory.

On September 12th his sufferings had been so great that he was removed to the operating theatre, with the view of obtaining a more complete examination of the parts while he was under the influence of chloroform, and of removing the entire penis, if by such a measure the whole of the morbid structures of that region could be taken away. But the chloroform, administered with every care, excited such an alarming degree of spasm of the throat, dyspnoea, and sinking of the pulse, that it was deemed imprudent to persist. The patient was accordingly replaced in bed.

Subsequently the prepuce was slit up with much relief. The glans penis was exposed, nodulated, hardened, and superficially ulcerated. The symptoms of general suffering, however, became more severe, and the patient expired on

October 16th, having become suddenly drowsy and comatose twenty-four hours before death.

Examination of the body.—Emaciation extreme; the whole surface of the integument was of a pallid, yellowish hue. The skin of the penis was soft, normal, and quite moveable. The corpora cavernosa were distended to their uttermost by the infiltration of a semifluid creamy deposit; this fluid exuded from the cut surface as a thick juice, and under the microscope was seen to contain nucleated cells, mostly elongated and caudate, very similar to those deposited in scirrhus cancer of the breast. There were also oil-globules and exudation corpuscles. The corpus spongiosum and the glans penis were infiltrated and hardened by the deposit of similar material. On closer and more minute inspection we found that the cancer juice was deposited within the venous sinuses of the penis, but cells were mingled with the fibrous tissue of the trabeculæ. The greater deposit was in the former situation. The urethra, compressed throughout its course, was smooth and normal within. Around the bulb and the prostate gland the tissues were matted together by similar deposit of cancerous matter.

The mucous membrane of the bladder was dark-coloured, sloughy-looking, and fetid. A large circular ulcer, with ragged, elevated, and indurated edges, occupied its surface at the lower and right side of the organ; patches of fungous growth projected from it in various situations. It measured two inches by one and a half, and involved the opening of the right ureter. The posterior wall of the bladder was broken down as if by an abscess, and the urine had been only prevented from flowing into the cavity of the abdomen by a number of circumscribed adhesions. The cavity of the bladder contained offensive puriform fluid.

Between the bladder and the rectum was a chain of glands filled with white, cancerous matter. Some few of the lumbar and iliac absorbent glands were similarly infiltrated. But the greater number were normal.

The right ureter was dilated and thickened, and traced

into the ulceration in the walls of the bladder, where it was lost. The right kidney was reduced to a small sac formed by the dilated pelvis and a small investment of secreting tissue. It contained no fluid, and did not even smell urinous. The left kidney was enlarged, weighed seven and a half ounces. It was pale, but apparently sound, and smelt strongly of urine when first cut open.

The heart was small, pale, and flabby; its fibres were in a state of extreme fatty degeneration, and this change was confirmed microscopically, as specially existing in the left ventricle.

The bronchial glands were full of soft, white, cancerous matter.

The lungs were generally emphysematous, and scarred here and there by old tubercular cicatrices. The opposed surfaces of the pleuræ were in parts united by old adhesions.

The pleural surface of the lungs was mottled here and there by white circumscribed patches. Cancerous deposits were scattered in larger and smaller masses throughout the organs, each deposit being surrounded by condensed pulmonary tissue.

The tumour on the shin-bone was composed of the same white, cancerous matter. It had been deposited under the periosteum, and the surface of bone on which it lay was roughened and discoloured.

Similar distinct collections of this matter were found springing from the tarsal bones of the right foot, and occupying the tendinous sheaths of the peronei muscles in the same limb.

This case is remarkable, in the first place, for the character and the extent of the cancerous deposit. Infiltrated true schirrus is rarely seen elsewhere than in the mammary gland; primary cancer in other parts is mostly of softer consistence, and is often a distinct outgrowth, as in epithelioma.

The extent of the primary deposit, occupying the entire

organ, is likewise singular. There is one preparation in the museum of St. Bartholomew's Hospital, described as tuberculous deposit, which bears so close a resemblance to the recent specimen before the Society, that I think it must be incorrectly registered. It has, however, been immersed in spirit so many years that it has lost those characteristics which would be available to microscopic examination. With this exception I have never met with a similar case. In the next place it is worthy of note how very slightly the absorbent system was affected in comparison with the very great extent of the disease in organs important to life. I believe we should have found cancerous deposit within the cranium had we been permitted to investigate that point at the post-mortem examination.

Lastly, the condition of the heart affords us a useful lesson to be careful in the administration of chloroform. Had the employment of the anæsthetic been continued, sudden death would in all probability have ensued. It was my great misfortune on one occasion to administer chloroform to a lady, who suddenly expired after a few seconds' inhalation. In this case, after death, we found fatty degeneration of the muscular tissues of the heart, produced by causes which were unknown to me before seeing the patient, and which had been intentionally concealed.