TWO CASES OF

CONGENITAL CURVATURE OF THE PENIS,

WITH HYPOSPADIAS AND ADHESION TO THE SCROTUM;

SUCCESSFULLY RELIEVED BY OPERATION.

BY

R. F. WEIR, M. D.,

SURGEON TO THE ROOSEVELT AND ST. LUKE'S HOSPITALS, ETC.

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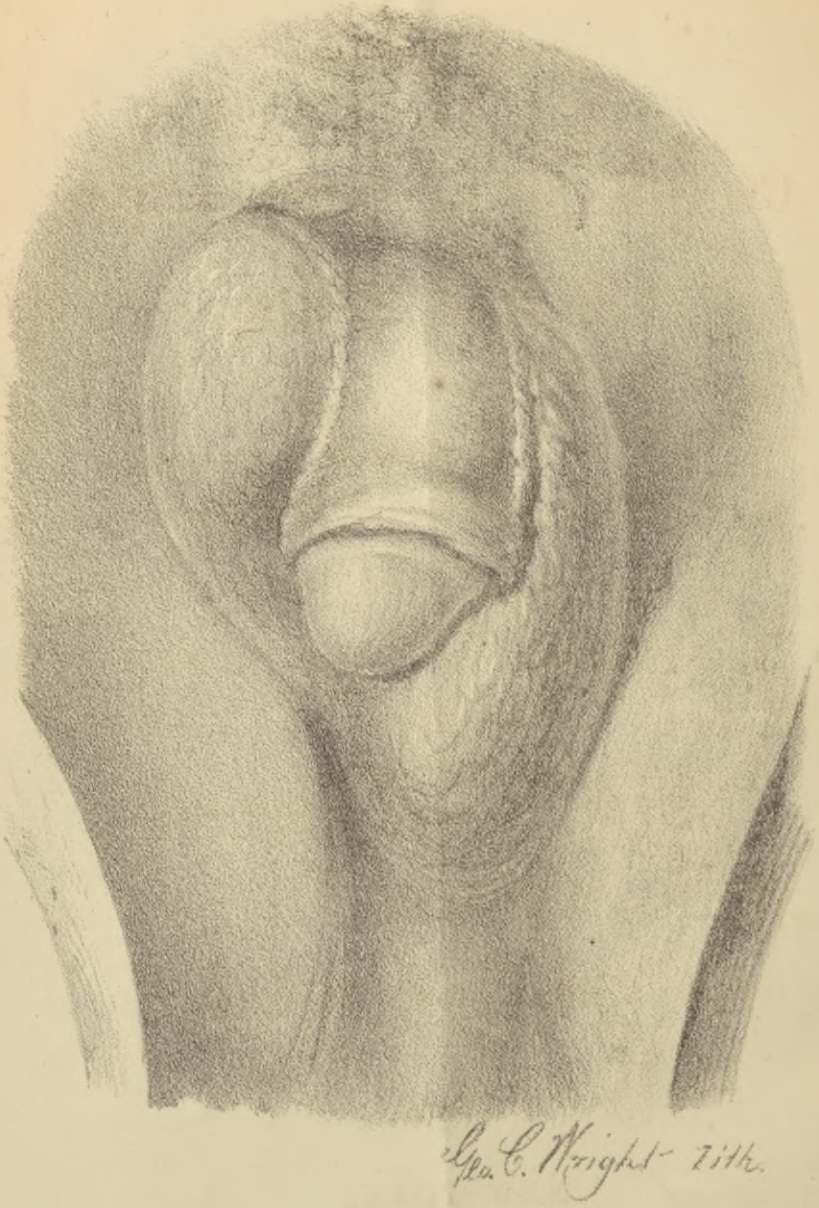

Dr. Weir's Case of Curvature of the Penis.

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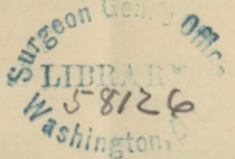

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TWO CASES OF CONGENITAL CURVATURE OF THE PENIS, WITH HYPOSPADIAS AND ADHESION TO THE SCROTUM; SUCCESSFULLY RELIEVED BY OPERATION.

In the following cases there existed a triple malformation, hypospadias, curvature of the penis, and adhesion to the scrotum. The rarity of the two latter conditions, which are generally, if not always, associated with hypospadias, may be judged from the fact that Guyon, in his excellent work on the "Malformations of the Male Urethra,"[1] has collected but four cases: one, on the authority of J. L. Petit, where curvature and adhesion were conjoined, and in which the penis was separated by operation from the scrotum, but the curvature remained; two others (Buisson,[2] and Dupont[3]), where adhesion only existed, and in which liberation was easily effected by division of the frænum-like band; and a fourth (Buisson[4]) where curvature only existed, and which is quoted by Guyon to show the superiority of the method used in that and in the present cases over that suggested by Petit, who advised making a series of minute incisions in the contracted urethral band.

Buisson, however, remarks that he has seen several similar cases, but gives no particulars. In Petit's own works,[5]

[1] "Vices de Conformation de l'Urèthre chez l'Homme," 1863.

[2] Buisson, "Traitement de l'Hypospadias," p. 536.

[3] Dupont, "Moniteur des Hôpitaux," February 4, 1853.

[4] Buisson, *op. cit.*

[5] "Œuvres complètes," edition 1837, p. 715.

however, besides the case alluded to above, where he did not operate himself, believing the case to be irremediable, is mentioned the *post-mortem* examination of a youth of ten or eleven years of age, afflicted with curvature of the penis and scrotal adhesions, whose case had been pronounced by him some time previously as being beyond the reach of surgical skill.

The quaintness and interest of his description render it well worthy of translation. He says: "I first exposed one of the corpora cavernosa, opened it and passed into it a tube through which I forced in air, and the penis enlarged and curved downward; to retain this shape, I applied a ligature by which I kept in the air; then I dissected the penis, and found that the whole urethra was very short, that it was, so to speak, ligamentous and incapable of being extended, having no cellular tissue. I separated it from the two corpora cavernosa very carefully, but with great difficulty; in spite of the separation, the corpora cavernosa lengthened only a very little, and the penis remained curved, which made me judge that the malformation of the urethra was not the cause of the curvature, and that the under part of the corpora cavernosa had some part in it. To examine it at leisure, I took the parts home with me, and, having separated the corpora cavernosa from the other tissues, I noticed that, on taking hold of them at each end, I could not stretch them out, and, on inflating them anew by the opening first made, they resumed the curved position, which I then attributed to a ligamentous band, which remained in the place whence I had removed the urethra. I cut off from this strip all that was possible without opening the corpora cavernosa, and I even cut transversely each of the fibres that I could not dissect off. In spite of this and all the air that I could force in, the corpora cavernosa preserved always the same curve. Having distended them for the last time, I retained the air by a ligature, and put them away to dry. Some time afterward I cut them, one longitudinally, the other transversely, and I perceived that their cells were nearly obliterated in the concave part of the curvature, and that by degrees they enlarged toward the convex part of the penis where they were the largest, either because they were originally so formed, or that, having been

always compressed by the urethra and ligamentous band, they had remained small, not having the power of enlarging like the others."

To show that Petit did not carry his experimentation sufficiently far to develop practical results, I present a summary of Buisson's operation in the case of curvature alluded to above. After describing the case, etc., he continues: "A fold of skin belonging to the inferior face of the penis was pierced valvularly by the point of a lancet and a tenotomy-knife introduced through the opening, so as to press its edge against the inferior surface of the penis, previously raised against the pubis. The pressure of the instrument, aided by a slight transverse movement, divided the fibrous envelope of the corpora cavernosa nearly in the middle of the space between the glans and the abnormal opening of the urethra. A slight sound, comparable to that resulting from the tissues divided in tenotomy, was heard, and the penis lengthened visibly. Nevertheless a deeper resistance was felt. I then directed the point of the knife upward toward the dorsum of the penis, so as to penetrate between the corpora cavernosa, and, turning its edge toward the septum, divided this completely, and the restoration of the organ immediately became perfect."

This excellent result, as well as that obtained in the two following cases, disproves partially the doctrine of Roubaud,[1] who speaks of the incurability of this malformation, and calls the impotency with which it is associated absolute.

Case I.—Isaac B., aged twenty-one years, was admitted into St. Luke's Hospital January 4, 1871 (service of Dr. Weir), with the following congenital malformation of the penis, the other genito-urinary organs being normal: The penis was strongly curved downward, so that the glans presented at the base of the scrotum, and was apparently held there by the integument of the scrotum being continued over the dorsum of the penis, a *raphé* on each side marking the junction of the parts, and forming at the glans the free superior portion of the prepuce (*see* plate). The glans was uncovered and the urethra hypospadic, and opening about half an inch from the

[1] "Traité d'Impuissance et de la Stérilité," 1855, p. 167.

site of the meatus, from which place it could be traced into the perinæum as a short, tense band acting as the cord to the arc formed by the penis. This was demonstrated to be the urethra, and of normal diameter, by the passage of a No. 14 English sound. The patient passed urine between the thighs, although, by raising the partially movable glans, he was enabled to throw the jet forward, and thus avoid wetting himself. He contemplated marriage, and therefore asked for surgical relief. It was explained to him that, in the event of liberating the penis, the opening of the urethra would necessarily be carried farther back, and even might seriously interfere with procreation. Desiring the operation performed, he was on the 9th of January etherized, and an incision made on each side of the scrotum sufficiently far from the body of the penis to afford skin enough to cover the under surface when released, and the flaps dissected up to the penis. This constituted the first step of the operation; the second consisted in separating the urethra, with the corpus spongiosum, from the corpora cavernosa as far back as the posterior margin of the scrotum. This required but few cuts of the scissors, as the band was only about one and half inch long, and produced no effect upon the curvature of the penis. On stretching out the curved organ, the septum between the corpora cavernosa could be easily felt as a tense, thickened band, and its division constituted the third step in the operation. It was accomplished by a tenotomy-knife, introduced, however, not so far as described by Buisson, and cutting freely the septum in its lower part and about half-way between the glans and scrotum. Immediately after this section was made, the curve was readily abolished and the deformity thoroughly overcome. The transverse incision made involved, however, the tissues of both corpora cavernosa, and gave rise to troublesome and persistent oozing of blood, only arrested by a ligature placed around an acupressure-needle. The skin-flaps were then united by a suture on the under surface of the penis, and the gaping edges of the scrotal wound brought together without tension; having, however, first carefully secured the mucous membrane of the urethra by fine sutures to the integument at the posterior angle of the wound, that is to say, at the junction of the scrotum with the perinæum. The penis was laid

against the abdomen, without need of a retaining bandage, and cold-water dressings were applied to the parts.

The result of the case was exceedingly satisfactory, though at the situation of the needle there was tardy reparative action, not only from the presence of the ligature applied, but also from the frequent erections that ensued, enjoyed by the patient in spite of the pain therefrom.

January 17th.—A small abscess appeared in the perinæum, running toward right nates, and caused by a pocket at the end of the wound. It was relieved by incision.

February 4th.—The wound had healed and the patient at his request was discharged from the hospital. At that time the penis, though not normally straight, was nearly so, and completely so, he informed me, when in a state of erection; and, when he subsequently called at my office, several months later, he expressed himself as being very well satisfied with the result, and that, too, in spite of the inconvenience of having to freely open his dress in order to urinate; the jet, however, was thrown decidedly forward when the scrotum was lifted up.

The second case was very similar.

Case II.—In August, 1870, I was asked by Dr. Orton, of this city, to see in consultation with him a young gentleman of about twenty-three years of age, who desired to marry, and whose condition clearly resembled the one narrated above. In him, however, the penis was free, having in early life been released by incisions apparently made on each side of the organ, the cicatrices of which were plainly to be seen. But there was a difference between this gentleman's condition and that of Isaac B., in that the opening of the urethra was congenitally in the perinæum just behind the scrotum, and that no trace of the canal and corpus spongiosum was to be found anterior to this point. The other external genital organs were perfect. The penis was well developed and curved downward very much, and, on stretching it upward toward the abdomen, the resisting part was recognized to be in the situation of the septum. It was decided to divide this subcutaneously, which was done by Dr. Orton, and the penis elongated sensibly. I was afterward told that the operation had successfully overcome the difficulty, and that the marriage was consummated.

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