answer is not necessarily unethical: compliance with the law is certainly not a breach of the ethical code.

The consequences of an inexcusable breach of the duty of confidentiality, even when committed in the honest but erroneous belief that disclosure was obligatory, are likely to be traumatic. Firstly, the patient whose confidence is abused may bring legal proceedings. He may have a cause of action for breach of the equitable obligation of confidence, or, in appropriate cases, for breach of contract, entitling him to damages or an injunction and an order for costs against the defendant doctor, or both. Secondly, the doctor's breach of duty is likely to lead to a finding by the General Medical Council's Professional Conduct Committee of serious professional misconduct.

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Cavernosography

Many surgical techniques have been introduced recently to treat male erectile dysfunction, but the correct choice of operation depends on accurate diagnosis. The anatomy of the erectile tissue of the penis may be investigated by cavernosography—the filling of the corpora cavernosa with radio-opaque contrast medium. This is not a new technique; it was first described as a method for showing the pelvic veins,¹ and 25 years ago May and Hirtl² described the normal radiographic appearances of the corpora cavernosa and also the changes to be found in injuries, inflammation, priapism, and tumours affecting them. The procedure has not, however, been widely used, and there are few reviews of the indications and value of the investigation.^{3 4}

Cavernosography may be performed in outpatients and without anaesthesia. A water-soluble contrast medium is infused, under pressure and with fluoroscopic control, through a small butterfly needle inserted percutaneously into a corpus cavernosus.⁴ The contrast medium will immediately be seen to fill the opposite corpus cavernosus and the superficial and deep veins draining the corpora. The glans penis (corpus spongiosus) is seen to fill in about one-third of patients. Infusion of sufficient fluid will produce tumescence; a tourniquet around the base of the penis is unnecessary and it makes the interpretation of the radiograph most difficult.

A normal erection results from reduced venous drainage from the corpus cavernosus,⁵ possibly in part by the action of valves in the venous drainage system.⁶ Erectile impotence may sometimes be due to abnormal connections between the corpus cavernosus and spongiosus, and in such cases the defect may be corrected surgically.⁷ These communications may be studied when an erection is induced by erotic stimuli. Fistulae may be congenital or acquired as a result of surgical treatment for priapism.⁸

In priapism the defect is in the venous drainage from the corpora cavernosa, though the corpus spongiosus continues to drain normally.⁸ Cavernosography is unnecessary in the acute phase of this condition, but, when treatment has been delayed, it may show that thrombosis has occurred in the erectile tissue, so that shunt procedures are unlikely to prove successful. Cavernosography may be required in assessing impotence after priapism, before surgical ligation of an iatrogenic fistula, or to determine the extent of cavernous fibrosis in patients who may benefit from a penile prosthesis.⁴ The abnormalities

seen in Peyronie's disease^{4 9 10} seldom need radiological visualisation except in those patients who present with impotence rather than erectile pain or deformity. Patients with extensive cavernous fibrosis require the insertion of a penile prosthesis rather than the surgical correction of the erectile deformity.

Cavernosography has been said to be useful in the management of penile injuries.^{11 12} As with priapism, it is unnecessary in the acute phase but may be of value in the assessment of any erectile deficit due to cavernous fibrosis.⁴ Cavernosography is also useful in assessing the amount of erectile tissue remaining after the traumatic loss of the penis, enabling a rational choice to be made between a lengthening procedure or a phalloplasty. The technique may also help in the assessment of young men with penile abnormalities apparent only on erection. Congenital curvatures,⁴ abnormalities of the suspensory ligament,¹³ or internal fistulae⁷ may be shown in young men with vague histories of erectile dysfunction. The cavernosogram allows both the doctor and patient to inspect the erect penis and discuss the abnormality. This procedure is often sufficient to reassure the patient without recourse to further investigation and unnecessary treatment. Finally, cavernosography has been suggested as a method of assessing the spread of prostatic neoplasia,¹⁴ but examination with rectal ultrasound is less invasive and probably more effective.¹⁵

There are few complications from cavernosography, though the formation of a small haematoma is not uncommon. Priapism has been reported in two patients, both of whom had previously undergone surgery,¹⁰ but this complication did not occur in a recent series of 68 patients.

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