

BRITISH JOURNAL OF UROLOGY

VOL. XXII

SEPTEMBER 1950

NO. 3

NEWS FROM HOME AND OVERSEAS

BRITISH ASSOCIATION OF UROLOGICAL SURGEONS

THE Sixth Annual General Meeting of the British Association of Urological Surgeons, Home and Overseas, was held in the Medical School, University of Manchester, on Friday, 30th June and Saturday, 1st July 1950.

Present.—Mr W. W. Galbraith (President) in the Chair and approximately 123 members.

Minutes of the Fifth Annual General Meeting, held on 30th June 1949, were read and signed as correct.

Election of Members.—The following were elected members on the recommendation of the Council: Guy Harrison Baines, F.R.C.S., Birmingham; John Walter Broughton, M.B., Ch.M., Newcastle, Australia; James Ferguson Brunton, M.D., F.A.C.S., Hamilton, Ontario; James Malcolm Campbell, M.D., Saskatoon, Canada; Charles Agnew Morley Cawker, M.D., F.R.C.S.(C.), Vancouver, Canada; William Edgar Collins, M.D., C.M., F.A.C.S., Ottawa, Canada; Clarence Lloyd Gosse, F.A.C.S., Halifax, Canada; James Charles Jordaan, M.B., Ch.B., M.Ch., Pretoria, South Africa; Norman John Logie, F.R.C.S., Aberdeen; Francis William Rennick Lukin, M.B., Ch.M., Brisbane, Australia; Charles Lennox Ogilvy Macalister, F.R.C.S.E., Bradford; Samuel Arthur MacDonald, M.B., Ch.B., F.R.C.S.(C.), Montreal, Canada; Errold Grant Maloney, M.B., B.S., Sydney, Australia; William Laird Milne, F.R.F.P.S.G., Glasgow; David Rymal Mitchell, F.R.C.S., F.R.C.S.(C.), Toronto, Canada; Herbert Hilary Pearson, M.B.E., F.R.C.S.E., Sydney, Australia; George Clifford Thomson, M.B., Ch.B., F.A.C.S., Johannesburg, South Africa.

Report of the Council for 1949-50, which had been circulated, was received and approved.

Report of the Honorary Treasurer and Balance-Sheet to 31st December 1949.—The audited accounts for the year 1949, which showed a credit balance on the year's working of £33. 4s. 3d., were presented by the Honorary Treasurer and approved.

It was agreed that the December number of the *British Journal of Urology* should include sixteen additional pages to cover the papers read at the Annual Meeting. It was suggested that a donation of £50 should be made by the Council for this purpose.

Election of Officers for 1950-51.—The following were elected Officers for 1950-51: *President*, Mr W. W. Galbraith; *Vice-President*, Mr E. W. Riches, M.C.; *Honorary Secretary*, Mr R. H. O. B. Robinson; *Honorary Treasurer*, Mr R. Ogier Ward, D.S.O., O.B.E., M.C.; *Honorary Editorial Secretary*, Mr David Band.

Election of Members of Council.—The following were elected members of Council in place of those retiring under Rule 14: Mr J. G. Yates Bell, Mr W. H. Graham.

Election of Auditors.—Messrs Howard Howes & Co. were re-elected auditors for the ensuing year.

Report of the Urology Working Party, which had been circulated, was discussed and approved.

1951 Annual Meeting.—It was reported that the 1951 Annual Meeting would be held in Glasgow and Edinburgh on 28th, 29th, and 30th June. For Sunday, 1st July, a trip has been arranged by steamer from Glasgow to the Isle of Arran. A provisional programme was submitted and approved, and members were asked to send in the titles of short papers they wished to read at this meeting by December 1950. The main subject for discussion will be tumours of the kidney and ureter.

REPORT OF MEETING

There was a large attendance of Members and Associate Members, and two Honorary Members (Dr Louis Michon, Paris, and Professor Hellstrom, Stockholm) were present. Overseas Members were represented by Mr Frank Mackey (New Zealand).

On the first day, 30th June, in the Physiology Theatre of the Medical School, in the University of Manchester, following the business meeting at 9.30 A.M., four short papers were presented:—

1. "Nerve Supply of the Kidney." Prof. G. A. G. Mitchell (Manchester).
2. "The Value of Aortography in Renal Surgery." Mr I. H. Griffiths (London).
3. "Hydrocalicosis." Mr Thomas Moore (Manchester).
4. "Lesions of the Terminal Part of the Ureter." Mr F. Masina (London).

These papers all proved of great interest, and after each there was a short discussion. All the papers were illustrated by exceptionally clear and interesting lantern slides, and although it may be invidious to refer to one paper, that of Professor Mitchell was outstanding not only on account of the matter but on account of the most beautiful drawings and photographs with which it was illustrated (the original drawings and photographs and specimens were on view as a demonstration throughout the meeting). An interval for coffee after the second paper permitted the renewal of old friendships and the making of new ones. Immediately before lunch Mr T. J. D. Lane (Dublin) showed a most ingenious suction apparatus for holding and steadying a kidney during an operation.

In addition to Professor Mitchell's demonstration, Dr J. L. Braithwaite (Manchester) had on view some very beautiful dissected specimens and drawings demonstrating the blood supply of the bladder.

Following a buffet lunch at the Medical School, operating sessions and clinical demonstrations were held at seven hospitals:—

1. Ancoats Hospital (Mr G. O. Jelly).
2. Christie Hospital (Mr Wilson Hey).
3. Oldham Royal Infirmary (Mr J. F. Heslop).
4. Preston Royal Infirmary (Mr W. H. Graham).
5. Rochdale Infirmary (Mr A. M. McMaster).
6. Salford Royal Hospital (Mr D. S. Poole-Wilson and Mr R. Thornley).
7. Withington Hospital (Mr Thomas Moore and Mr H. T. Cox).

The Annual Dinner, at which about 130 members attended, was held in the Midland Hotel. Members and guests were received by the President, Mr W. W. Galbraith, the Vice-President, and the ex-President on entering. The guests included Professor H. S. Raper (Dean, Faculty of Medicine, University of Manchester), Sir Geoffrey Jefferson (Professor of Neurological Surgery), Sir Harry Platt (Professor of Orthopædic Surgery), Professor G. A. G. Mitchell (Professor of Anatomy), Dr J. Ralston Paterson, Mr W. R. Douglas, Dr J. L. E. Millen, Dr J. M. W. Gibson, Dr J. L. Braithwaite.

After dinner "The Association" was proposed by Sir Geoffrey Jefferson in a witty speech in which he recalled how he had at one time been a competent urologist, and, indeed, he admitted to "passing a very pretty catheter": obviously urology's loss has been neurosurgery's gain. The President, replying to the toast, recalled the beginnings of the speciality of urology. He described how it had gradually evolved from the field of general surgery particularly through the efforts of men like Thomson-Walker, who had been largely instrumental in forming a Section in the Royal Society of Medicine devoted to the speciality. Another landmark had been the foundation of the *British Journal of Urology*, and for this he paid tribute to Mr Winsbury-White. The final link in the chain had been the establishment of the British Association of Urological Surgeons which, he considered, was largely the work of one man, Mr Ogier Ward, the first President, to whom also he paid a warm tribute. He concluded by stating that in his opinion the future of the speciality was bright and that its practitioners would become banded in the Association as brothers united in the pursuit of the object of the Association, namely, the promotion of a high standard in the practice of urology. He regarded it as a signal honour to the Association that a man so distinguished in the art and science of surgery as Professor Sir Geoffrey Jefferson should have proposed the toast.

"The Guests" were proposed by the Vice-President, Mr Riches, in an amusing speech in which he discussed the eminence and, indeed, the peculiarities of the various distinguished guests. He stated that in the Manchester school, which was the home of specialism, it was peculiar that in the great Royal Infirmary they still lacked a specialist in urology. He hoped that our Manchester guests would take steps to see that that matter was put right forthwith. This toast was responded to by Sir Harry Platt, who confirmed Sir Geoffrey Jefferson's original predilection for urology, and said that he himself had only just been saved from a similar fate. As an orthopædic surgeon he had always somewhat envied the affluence of his urological colleagues!

The health of "The President" was proposed by Mr R. Ogier Ward. In his reply the President paid tribute to the organising ability of the local Secretaries, Mr Poole Wilson and Mr J. Heslop, to whom the success of the meeting was largely due. He also thanked the Vice-President, the Secretary, and the Treasurer for the vast amount of work they had undertaken on behalf of the members during the past year.

At 9 A.M. on Saturday, 1st July, again in the Physiology Theatre of the Medical School, a short business meeting of the British Section of the International Society of Urology was held.

At 9.30 A.M. a discussion on "The Results of Diathermy Treatment of Villous Papilloma of the Bladder" was opened by Mr Hugh Donovan, followed by Mr F. G. Hollands. These opening papers were outstanding, and included a review of a very large number of cases. The openers were followed by nine speakers who had indicated their desire to take part in the discussion. Many of these provided statistics from different parts of the country illustrating prognosis. Subsequently the discussion was thrown open to the meeting. All members kept to the point and did not abuse their time limit of five minutes, and thus the discussion was brought to a close shortly after noon by Mr Millin, who summed up masterfully. The result of the discussion might be summarised as follows:—

1. The treatment of choice for simple papillomata, single or multiple, is perurethral diathermy. Where malignancy is present or suspected, the results of this treatment are not so good as with the reported cases treated by open operation with radium implantation.
2. Once papillomata of the bladder have occurred the patient should be kept under cystoscopic observation at intervals so long as he lives, as recurrences of the growths take place even after a considerable number of years. Patients suffering from simple bladder papillomata correctly treated may be assured of reaching the normal expectation of life.
3. The first treatment following diagnosis should be carried out in hospital under anaesthesia and should be thorough. Subsequent cystoscopic examinations and treatments should be carried out at the out-patient clinic at two-monthly intervals. Later, depending on progress, intervals between examinations should be gradually lengthened.
4. Where the tumours are very large or numerous the first treatment by diathermy should be carried out through the open bladder, but the greatest care must be taken to avoid wound implantation of tumour cells.
5. The end results of total cystectomy are at present unknown, but members were warned that this very radical procedure should not be undertaken without mature consideration.

Following this discussion, three short papers were presented:—

1. "Squamous Metaplasia of the Prostate." Mr E. M. Nanson (London).
2. "Pull-through Operation for Stricture." Mr A. W. Badenoch (London).
3. "Immediate Prostatectomy by Millin's Method for Acute Retention of Urine." Mr B. Brendan Hickey (Swansea).

Each of these papers was followed by a short discussion. The proceedings were terminated at 1.15 P.M., when lunch was taken at the Medical School.

At 2 P.M. the Association met at the Christie Hospital and Holt Radium Institute, where short papers and demonstrations on "The Treatment of Carcinoma of the Bladder" were given by the Staff of the Hospital. The openers of the discussion were Dr Ralston Paterson and Mr D. S. Poole-Wilson, who were followed by Dr J. M. W. Gibson speaking on "The Technique of Radiotherapy," and Dr J. E. Millen on "The Results of Radiotherapy." These papers were all of a very high standard. They led to considerable discussion and questioning, after which the Hospital provided a delightful afternoon tea for the members.

At the conclusion the President called for a very hearty vote of thanks to the local Secretaries. He also thanked Dr Ralston Paterson and his staff for their hospitality and for the trouble they had taken in giving such a splendid demonstration to the Association. Afterwards the members examined the apparatus used for radiotherapy and saw many of the patients in the wards who were undergoing treatment, and all appeared to be deeply impressed with the importance and success of the work which was being undertaken at the Christie Hospital.

This, the first meeting in a provincial centre in England, was generally acclaimed to have been a most successful and happy one.

OPERATING SESSIONS AND CLINICAL DEMONSTRATIONS

Ancoats Hospital. Mr G. OLIVER JELLY.

1. The first case was that of a man, aged 35 years, who had been proved to have a *squamous carcinoma of the bladder*. The diagnosis had been difficult, and originally the condition had been thought tuberculous. A perurethral specimen was doubtful, and resort had been made to an open biopsy. The operation began by excision of the scar and the peritoneum was freely opened. A hand was passed down into the pelvis and the bladder mass deemed operable. With the bladder held to the left, the right side was dissected, and the vas, the ureter, and the vesical pedicles were in turn divided. No attempt was made to preserve the vesical peritoneum, which was cut along or beyond its attached border as far as the mid-line. Further dissection was made until the longitudinal fibres of the rectum were clearly seen as they turned forwards to the anus. Attention was now turned to the left side with division of the vas and ureter. The final removal consisted in dividing the urethra and prostate from the floor of the pelvis and sweeping the organ further to the left, which completed the separation from the rectum and the division of the left vascular attachments. The loop of pelvic colon was then mobilised and divided between the blades of a Cope's clamp. The proximal end was brought out through a small stab in the flank, and the distal end was closed and invaginated. The general peritoneal cavity was then closed off from the pelvis by suturing the anterior and posterior parietal peritoneum and employing the lower colon stump as a means to join the two sides. Finally the two ureters were further mobilised, joined loosely together, and implanted through a single opening into the pelvic colon. By reforming a bladder cavity in this way, an added safety was claimed for the early convalescence and a better ultimate prognosis for the kidneys.

2. The second case consisted of a *transvesical prostatectomy* by the Wilson Hey method. The anaesthetic employed was a spinal one, and the operation was not begun until the patient had been lowered into the Trendelenburg position. The bladder was then opened, and a retractor inserted. The ureters were seen and the prostate grasped with a volsellum. Removal began by diathermy dissection, making a trigone and circumferential cut. As this was deepened more and more, finger dissection was employed while the prostate was lifted further out of its bed. Ultimately it remained attached to the urethra only, and this was divided by long curved scissors. Before division, a tube was passed in the retrograde fashion. A small diverticulum was removed from above the left ureter, and when the bleeding was seen to be minimal the bladder was closed, a thread stitch being left to retain the tube. The rectus sheath was closed with stainless steel wire and a small drain left to the space of Retzius.

L. N. P.

The Christie Hospital. Mr WILSON HEY.

1. Mr Wilson Hey demonstrated his method of *suprapubic prostatectomy*, the essential principles of which are that not only is the prostatic adenoma enucleated, but also the true prostatic tissue itself, at any rate the posterolateral portion. The object of this more radical removal is to ensure that no early nuclei of cancer are left in the "capsule." Mr Hey achieved this object by blunt dissection, aided by a finger in the rectum, but subsequently with the patient in the Trendelenburg position he cut away the trigone back to the ureteric orifices so as to give wide access to the prostatic area. This enabled him to carry out meticulous hæmostasis with his special artery forceps with diathermy attachment. He then drew a large rubber tube from the bladder out through the urethra by means of a suture which he had drawn into position in a retrograde fashion prior to the enucleation.

2. Following this, he demonstrated a group of patients having *carcinoma of the prostate*. He then operated again to show his method of eviscerating the testes through a one-inch transverse incision at the bottom of the scrotum. It was interesting to note that at the same time he drew down and tied the vasa after crushing them thoroughly.

H. D.

Mr Hey provided his large audience with many arresting new ideas.

Oldham Royal Infirmary. Mr J. F. HESLOP.

At Oldham Royal Infirmary Mr J. F. Heslop performed two operations.

1. The first was a *prostatectomy* after the manner of Wilson Hey: the patient was 61 years, had hypertension amounting to 240/140. Spinal anaesthesia was used, and meticulous care was given to stop all bleeding so that on completion the wash through the 13E Tiemann's catheter (passed from the meatus) was barely stained.

2. The second case was a rather advanced *left hydronephrosis* in a man of 49 years. Excellent exposure was obtained through the bed of the excised twelfth rib, but all were agreed that the disease was too far advanced for a conservative operation. As the other kidney was normal, nephrectomy

was performed. We were all impressed by the careful technique employed in both operations and by the peaceful atmosphere of a well-conducted theatre.

Mr Heslop then showed some interesting cases; there were two of transplantation of the remaining ureter for tuberculous disease, one by the extraperitoneal and one by the intraperitoneal approach, and both had excellent results. Male incontinence in a spinal anaesthetic paresis had been successfully controlled by a sling with ribbon catgut, and the remaining case presented as a large calcified foreign body in the urethra which followed prostatectomy elsewhere two years earlier.

E. W. R.

Preston Royal Infirmary. Mr W. H. GRAHAM.

At the Preston Royal Infirmary Mr Graham performed a *ureterocolic anastomosis* by the mucosa-mucosal method. The patient—an elderly man—had a massive papilliferous carcinoma of the bladder, which it was hoped to treat by total cystectomy at a later date.

At a clinico-pathological demonstration, among the cases shown were some of the trans-diaphragmatic approach to remove very large Gravitz tumours, and a most successful operation for hypospadias. Specimens of great pathological interest included squamous metaplasia of the prostate and a sarcoma of the seminal vesicles.

M. F. N.

Rochdale Infirmary. Mr A. N. MCMASTER.

1. *Retropubic prostatectomy* on a patient of 69 years with a two years' history of prostatic symptoms, culminating in acute retention. The treatment was initiated by an indwelling Foley catheter during the time the investigations were made. The acid serum phosphatase estimations were 14.25 units on two separate occasions. The radiographs of spine and pelvis suggested Paget's disease. The urine contained pus cells and *Strept. faecalis*. On examination the prostate showed a Grade I hypertrophy, the lateral lobe was enlarged and clinically benign. The blood-pressure registered 164/92 mm. Hg. The pre-operative treatment was with 20,000 units of penicillin six-hourly, and sulphatriad two tablets six-hourly. The operation was performed under a general anaesthetic, using a vertical incision and diathermy coagulation for bleeding points. The capsule was infiltrated with 20 ml. 1 per cent. novocain containing 0.5 ml. of pitressin. The prostate was enucleated easily, but was unduly adherent at one point. Wound closure was carried out with a small retropubic drain. An indwelling Foley catheter was employed. In view of the operative and serological findings, a subcapsular orchidectomy was carried out.

2. *Punch prostatectomy* on a patient of 26 years, complaining of occasional nocturnal enuresis. Urethroscopy and urethrograms indicated a bladder neck obstruction. The operation was under spinal anaesthetic. A 27F Thompson punch was used. A satisfactory resection of the bladder neck was carried out. Bladder irrigation was conducted throughout by the Rothwell system of irrigation with sterile condensate. A demonstration of some interesting X-ray material followed.

R. H. O. B. R.

Withington Hospital. Mr THOMAS MOORE.

1. *A Foley pyeloplasty*. The patient was a large, fat woman, on whom a right nephrostomy had been done for pyonephrosis. There was delayed emptying on the opposite side and a Grade II hydronephrosis was present. There appeared to be a hold-up at the ureteropelvic junction. The left kidney was approached by an incision below the twelfth rib, the twelfth rib was removed, and many adhesions surrounding the pelvis and ureter were dissected away. A pyeloplasty was then done, following the Foley technique, over a No. 6 Jacques catheter. A No. 12 Jacques catheter was introduced into the pelvis for drainage purposes.

2. *Post-prostatectomy obstruction with multiple calculi*. The previous scar was excised, the bladder opened, and eight large stones removed. Resection of the bladder neck was carried out by diathermy. The bladder was then closed and continuous saline irrigation instituted through a double-lumen catheter.

Mr Moore then showed us a number of successful cases of transplantation and total cystectomy. These were very impressive. One patient who had been operated on in 1939 was doing full work.

Mr H. T. Cox.

1. *Punch prostatectomy*. A low spinal anaesthetic was used, and 35 g. of prostatic tissue were removed most dexterously in twenty-four minutes.

2. *Punch prostatectomy* for a patient with a fibrous prostate. A low spinal anaesthetic was again used, and 4 g. of tissue removed.

A patient aged 26 years with large bilateral renal calculi was exhibited, and there was much discussion as to operative treatment.

J. C.

Salford Royal Hospital. Mr D. S. POOLE-WILSON.

1. The patient, a man aged 45 years, had two stones in the upper end of the right ureter and, in addition, a calcified deposit in the lower calyx of the right kidney. As the calyceal system showed a florid type of hydronephrosis, Mr Poole-Wilson's first step following exposure and delivery of the kidney was a renal sympathectomy with the object of encouraging subsequent calyceal contracture. After removing the ureteric calculi by incising the tube directly over the stones, he then proceeded to carry out a resection of the lower pole, removing a wedge-shaped segment along with its calculus content. The pedicle having been temporarily clamped, the field remained almost completely bloodless, and excellent hæmostasis was obtained by uniting the cut edges of the divided lower pole without the use of mattress sutures.

2. A male, aged 29 years, on whom previous cystoscopy had shown a large bladder tumour in the region of the left ureteric orifice, considered to be a *papillary carcinoma*. Following a suprapubic extraperitoneal exposure, the bladder interior was well visualised with the aid of a self-retaining retractor and a sessile papillary growth, about 4 cm. in diameter, revealed. The projecting portion of the growth was removed by diathermy and the resultant base then thoroughly electro-coagulated. Radon seeds were now inserted by Dr Milne into and around the tumour-bearing area after he had obtained the exact measurement of the area to be radiated and had estimated the dosage required. The bladder was completely closed in three layers, drainage being established by means of an indwelling urethral catheter.

Mr ROLAND THORNLEY.

1. Male, aged 70 years, suffering from an early *invasive papillary carcinoma of the bladder*. Previous cystoscopy and bimanual examination under spinal anæsthesia had shown a solid tumour on the left postero-lateral wall behind the left ureteric orifice, with a diameter of about 3 cm., and easily palpable per rectum. These findings were confirmed following suprapubic exposure, and the tumour was dealt with by diathermic excision, electro-coagulation of the residual surface, and gold radon seed implantation in a manner similar to that described in Mr Poole-Wilson's list. In this case also immediate closure of the bladder was performed and drainage established by means of an indwelling urethral catheter.

2. Male, aged 64 years, with symptoms of *prostatism* of some eight months' duration. A one-stage retropubic extravesical prostatectomy was decided on following preliminary cystoscopic examination. Mr Thornley's exposure of the retropubic area was made through a median vertical incision extending upwards for several inches from the symphysis. He employed diathermy freely for the control of bleeding. Millin's technique was otherwise closely followed, and on the completion of the operation very good hæmostasis had obviously been obtained.

After an interval for tea, Mr Poole-Wilson gave a stimulating clinical demonstration. Of particular interest were his young patients suffering from congenital anomalies, and his case of hermaphroditism. A. J.

At a meeting of the Council held in the Medical School, University of Manchester, on Friday, 30th June, the following were elected Associate Members: Jeremiah Burke, Esq., F.R.C.S., London; J. W. P. Gummer, Esq., F.R.C.S., London; Paul F. J. Hickinbotham, Esq., Ch.M., F.R.C.S., Leicester; Stanford Howard, Esq., F.R.C.S., Burnley; H. Le Brun, Esq., F.R.C.S.E., Lincoln; Frank Mackey, Esq., F.R.A.C.S., Auckland; K. W. Martin, Esq., F.R.C.S., Worthing; C. I. Murphie, Esq., F.R.C.S., London; Ian F. Rose, Esq., F.R.C.S., London; M. D. Sheppard, Esq., F.R.C.S., Chelmsford.

UROLOGICAL SOCIETY OF AUSTRALASIA

At the Annual Meeting held in Brisbane in July 1950 the following Officers were elected: *President*, F. W. Lukin; *Past President*, R. G. S. Harris; *Vice-President*, A. C. Telfer; *Honorary Secretary*, Alban H. Gee; *Honorary Treasurer*, K. L. Kirkland; *Members of the Executive*, M. S. Earlam and H. H. Pearson.

SOUTH AFRICAN MEDICAL ASSOCIATION**UROLOGICAL GROUP**

Past Presidents, L. B. Goldschmidt and S. McMahon; *President*, H. C. Brayshaw; *Secretary*, P. J. Retief.

CANADIAN UROLOGICAL ASSOCIATION

The Eighth Annual Meeting of the Canadian Urological Association was held in Toronto on 28th and 29th April. Fifty-six members and seventeen guests were in attendance.

The officers for the coming year are: *President-elect*, J. P. Bourgeois, Montreal; *President*, J. C. McClelland, Toronto; *Past President*, R. E. Powell, Montreal; *Treasurer*, H. R. Elliott, Hamilton; *Secretary*, S. A. MacDonald, Montreal.

Following the precedent set in 1949, part of the programme was devoted to the basic sciences as applied to urology. This meant the inclusion of guest speakers. Amongst these were J. S. L. Brown, Professor of Medicine at McGill University, and Ernest Witebesky, Professor of Bacteriology at the University of Buffalo. Professor Brown spoke on "The Rule of ACTH and Cortisone in Various Diseases." Dr Brown has been closely associated with the development of these revolutionary substances, and gave a most interesting account of their present-day application to clinical medicine. Professor Witebesky discussed the laboratory and clinical problems associated with Urinary Tract Infections. Other papers of a basic nature dealt with Acute Renal Failure, and Sludging of Blood. A particularly interesting presentation was given by Dr H. J. Barrie of the University of Toronto. His topic was, "Lesser Circulation in Renal Arcuate Sponge." Dr Barrie has done considerable research on the renal circulation, and his results are somewhat at variance with those of Trueta and his co-workers.

An active social programme occupied both evenings of the meeting, and day-time activities were arranged as well for the wives of members and guests.

The next annual meeting of the Association will be held early in June 1951. The location of the meeting has not yet been decided, but it will be held in one of the many attractive resort hotels in the vicinity of Montreal. It will immediately precede the meeting of the Canadian Medical Association, which is being held in Montreal. All members of the British Association are cordially invited to attend the 1951 meeting.

S. A. MACDONALD,
Montreal.

ROYAL SOCIETY OF MEDICINE

SECTION OF UROLOGY

President, Alex. E. Roche, F.R.C.S.; *Immediate Past President*, Charles Wells, F.R.C.S.; *Vice-Presidents*, A. W. Badenoch, Ch.M., and J. D. Fergusson, F.R.C.S.; *Honorary Secretaries*, H. K. Vernon, M.S., and Leslie Pyrah, F.R.C.S.; *Other Members of Council*, David Band, F.R.C.S.Ed., J. G. Yates Bell, F.R.C.S., Victor W. Dix, F.R.C.S., A. H. Jacobs, F.R.F.P.S., F. R. Kilpatrick, M.S., D. S. Poole-Wilson, F.R.C.S., Harland Rees, M.Ch., G. A. Bagot Walters, F.R.C.S.Ed.; *Representative on Library Committee*, E. W. Riches, M.C., M.S.; *Representative on Editorial Committee*, A. Clifford Morson, O.B.E., F.R.C.S.

BERNARD J. WARD, F.R.C.S. Died 30th July 1950. (Aged 71 Years)

THE Journal records with regret the death of Mr Bernard J. Ward, formerly President of the Section of Urology of the Royal Society of Medicine and Vice-President of the British Association of Urological Surgeons. Mr Ward will be remembered always for his distinguished services to Urology and as the Donor of the St Peter's Medal which he presented to the British Association of Urological Surgeons as an award to those who had contributed outstanding work in the field of Urological Surgery.