

NEWS FROM HOME AND OVERSEAS

BRITISH ASSOCIATION OF UROLOGICAL SURGEONS

THE Nineteenth Annual General Meeting was held in the Arts Lecture Theatre of the University of Leeds, on Thursday, 4th July 1963, at 9.30 A.M.

The President, Professor L. N. Pyrah, was in the Chair.

1. **Minutes** of the Annual General Meeting held on 28th June 1962, which had been circulated, were taken as read and signed as correct.

2. **Election of New Members.**—The following were elected members on the nomination of the Council: Burjorji Nusserwanji Colabawalla, Bombay, India; Eric Charlton Edwards, Liverpool; Charles Philip Nicholas, Worcester; Joseph Magri, Romford; Conrad Latto, Reading; Richard Trevor Turner-Warwick, London.

3. **Report of Council for 1962-63.**—The report of Council for 1962-63, which had been circulated, was received and adopted.

4. **Report of the Honorary Treasurer and Balance-sheet to 31st December 1962.**—The audited accounts for the year 1962, which showed a balance on the year's working of £172. 19s. 8d., were presented by the Honorary Treasurer and approved.

5. **Election of Officers.**—The following were elected Officers for 1963-64: *President*, Professor V. W. Dix; *Vice-President*, Mr D. S. Poole-Wilson; *Honorary Treasurer*, Mr W. Barr Stirling; *Honorary Secretary*, Mr J. P. Mitchell; *Honorary Editorial Secretary*, Mr J. D. Fergusson.

6. **Election of Members of Council.**—The following were elected members of Council to fill the vacancies: Mr Howard G. Hanley, London; Mr B. H. Page, London; Mr D. Innes Williams, London; Mr A. Ashworth, Manchester (to fill casual vacancy caused by Mr Mitchell's election as Honorary Secretary).

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

8. **1964 Annual Meeting.**—The President reported that the 1964 Annual Meeting would be held in Sheffield from 17th to 19th September, and that the subject for the main discussion would be "Infections of the Urinary Tract (excluding Tuberculosis)." An afternoon would also be devoted to short papers on monilia, on cystitis or ureteritis cystica, on malakoplakia, and similar subjects.

9. **1965 Annual Meeting.**—The President reported that the 1965 Annual Meeting would be held in London from 24th to 26th June and that the subject for the main discussion would be "The Cure or Control of Incontinence."

10. **President's Report.**—The President gave a report on the progress made by the Council in developing the urological services (*see p. 218*).

11. **One-Day Meeting.**—It was reported that a one-day meeting would be held in Cambridge on Saturday, 16th November, and the draft programme was outlined.

12. **Boxing Injuries.**—The Honorary Secretary reported the receipt of a letter from the Royal College of Physicians regarding an enquiry into the nature of boxing injuries. Members were asked to report cases of injury due to boxing.

13. **British Council.**—The Honorary Secretary reported the receipt of a communication from the British Council asking the Association to inform them of visits undertaken by members to countries overseas for the information of the working party which was considering medical aid to the developing countries. Members who were undertaking visits abroad were asked to submit their names to the Secretariat.

On Wednesday evening, 3rd July, members and their guests were invited by the President and Council of the Association to a Reception at Templenewsam House followed by a Buffer-supper by invitation of Messrs Chas. F. Thackray Ltd. and the Leeds urologists.

After the Business Meeting on Thursday, 4th July, the following short papers were read:—

(a) "The Management of the Obstructed Ureter." Mr A. W. Badenoch (London).

(b) "Intubation Techniques in Lesions of the Ureter." Mr Guy Baines (Birmingham).

Critic—Mr W. S. Mack.

- (c) "Results of the Treatment of the Uretero-pelvic Junction Obstruction." Professor S. Wesolowski (Warsaw).
Critic—Mr H. G. Hanley.
- (d) "Recovery of Renal Function as demonstrated by Radio-active Isotope Renogram." Mr J. Cosbie Ross, Dr W. Kulke, Mr E. C. Edwards, and Mr B. G. Haggart (Liverpool).
Critic—Mr Arthur Jacobs.
- (e) "The Surgery of Renal Artery Stenosis." Mr Kenneth Owen (London).
Critic—Mr F. P. Raper.

In the afternoon the following short papers were given:—

- (a) "Co-existence of Renal Cyst and Tumour: Incidence in 1,007 Surgical Cases." Dr John Emmett (Rochester, U.S.A.).
Critic—Mr John Swinney.
- (b) "Matrix Calculi." Mr D. Innes Williams (London).
- (c) "Long-term Follow-up of 538 Cases of Renal and Ureteric Calculi." Mr R. E. Williams (Leeds).
- (d) "Citric Acid Excretion in Renal Stones and Renal Tubular Acidosis." Dr B. E. C. Nordin and Dr D. A. Smith (Glasgow).
- (e) "Diagnosis of Primary Hyperparathyroidism with Particular Reference to Total and Ultra-filterable Serum Calcium." Dr A. Hodgkinson and Mr N. Edwards (Leeds).
Critics—Dr A. R. Harrison and Dr Mary McGeown.

Members were invited to a Reception in the Civic Hall given by the Lord Mayor. Following this 176 members and their guests attended the Annual Dinner.

On Friday morning, 5th July, a discussion was held on "The Adrenal Gland," the openers being Professor T. Symington, Mr W. Barr Stirling, Professor M. D. Milne, Professor V. W. Dix, and Mr G. C. Tresidder.

In the afternoon the following short papers were given:—

- (a) "Preservation of Kidneys for Homotransplantation." Dr C. Markland and Dr F. M. Parsons (Leeds).
- (b) "The Effect of ϵ -Amino Caproic Acid on Post-prostatectomy Hæmorrhage." Mr K. E. D. Shuttleworth (London).
- (c) "Urinary Steroids in a Series of Patients with Prostatic Cancer." Dr L. R. A. Bradshaw (Leeds).

These were followed by an official visit to the Scientific Exhibition.

Members and their guests were invited to a Reception by the Vice-Chancellor of the University.

In the evening a visit was arranged to Fountains Abbey, followed by a Dinner at the Majestic Hotel, Harrogate. On Saturday morning, 6th July, the following short papers were read:—

- (a) "Radiological Assessment of Bladder Tumours." Dr H. G. Frank, Dr J. N. Glanville, and Mr F. P. Raper (Leeds).
- (b) "Report of a Follow-up of Papillary Tumours of the Bladder." Dr Gretta Thomas (Leeds).
Critic—Mr D. M. Wallace.
- (c) "A Sulphonamide Derivative which induces Urinary Tract Epithelial Hyperplasia." Dr Georgiana Bonser and Dr D. B. Clayton (Leeds).
- (d) "Torsion of the Testis." Mr K. Barker (Leeds).
- (e) "Severe Uræmia in Prostatic Obstruction: Indications for Hæmodialysis." Mr M. Fox and Dr F. M. Parsons (Leeds).

A tour of the Research Unit of the Department of Urology in the Leeds General Infirmary was arranged.

At a meeting of the Council held on 24th January 1963 the following were elected Associate Members: B. G. Haggart, F.R.C.S., Liverpool; Surgeon Lt.-Cdr. J. R. Kirkpatrick, R.N.; M. Hosam El-Din M. Mostafa, F.R.C.S., Bradford; A. W. R. Williamson, F.R.C.S., Tunbridge Wells. On 28th March 1963: M. H. Hall, F.R.C.S., Manchester; W. F. W. Southwood, F.R.C.S., Bristol; J. O. R. Stewart, F.R.C.S., Cambridge; D. Eric Sturdy, F.R.C.S., Newport. On 4th July 1963: J. P. Blandy, F.R.C.S., London; J. A. Carr, M.D., F.R.C.S., Bury; C. S. Christopoulos, F.R.C.S.I., Nicosia, Cyprus; John Humphreys, Ch.M., F.R.C.S., Southport; K. G. Mehta, M.S., Bombay; P. Paton Philip, V.R.D., M.Ch., F.R.C.S., London; Norman W. Struthers, F.R.C.S., London.

PRESIDENT'S REPORT

As President, I would like to emphasise some of the points referred to in Council's Annual Report regarding the development of urology as a speciality in this country. As you will have read, the Council is of the opinion that many hospitals in the United Kingdom are not moving at a sufficiently rapid rate to provide a completely up-to-date service in urology. There are still comparatively few surgeons in this country who practise urology

alone; there are, of course, many who practise urology as a special interest, together with general surgery. But all the time the practice of urology is growing in complexity.

Three years ago the Council of the Association was asked by the Porritt Committee for its views in regard to specialisation in urology, and it was, therefore, compelled to consider the matter carefully and to reach a firm opinion. The Council felt that the time was now ripe (indeed many thought over-ripe) for all University Teaching Hospitals to have a Department of Urology to segregate and treat most if not all urological cases; and that in several of the largest towns and cities, in which there was no Teaching Hospital but one or more Regional Hospitals, Urological Departments should be established. No region should be without at least one and usually more than one Department of Urology. It was not suggested that, as a beginning, urologists should be appointed to the staff of every hospital, though in course of time this may become desirable.

The Council of the Association was very definite in what it meant by a Department of Urology. It meant the allocation of a sufficient number of beds (possibly thirty to thirty-five) to serve most of the urological needs of the selected hospital; these beds could come from the general surgical pool of beds by redistribution. It has often been said, from hospital statistics, that from 20 to 25 per cent. of so-called general surgical patients are urological. Council also felt that there should be provision for continuity of succession in the matter of senior staff, so that there should in general be one senior and one comparatively junior consultant; it may not always be necessary to start in this way. There should be appropriate Registrar and House Surgeon help, adequate facilities for cystoscopic work and for the special radio-diagnostic work (for example, an image intensifier) which are needed for the highest grade of diagnostic work to be done. Preferably, though this depends on the individual surgeons, there may gradually be provided opportunities to carry out research into advancing points of urology with assistance, for example, from biochemists or other specialists. It may not be possible to provide all the facilities at once in a new department, though once it is established they would gradually be made available.

Having reached these conclusions over two years ago, the Council felt that it should take further steps to see how it could help progress in urology in the different regions. A deputation of the Council therefore visited the Ministry of Health and put forward its views, which were received with great sympathy and, in fact, with agreement as regards the principle of the suggestions. However, the Ministry pointed out that the power to provide specialist services had been delegated under the Health Act of 1948, to the Boards of Governors of Teaching Hospitals and to the Regional Hospital Boards who control the non-teaching hospitals, and that consequently it was for such bodies to establish the need for urological services in their respective areas in collaboration with their Consultants and their Administrative Medical Officers, and then to recommend to the Ministry of Health the setting up of such urological departments. However, the representatives of the Ministry were very careful to say (and indeed to emphasise) that should such recommendations be made from the governing bodies of hospitals, they would be welcome.

It is for these reasons that the measures outlined in the Annual Report were adopted as a basis for action by Council during the next two or three years. It will be seen that a Standing Committee of Council has been appointed to concern itself with, and to assist in, the development of urological services in this country. This Standing Committee has already started to make contacts with Regional Boards through the Administrative Medical Officers or through Medical Advisory Committees. We aim to obtain a survey of the urological services as they are now, and then to make recommendations (with the collaboration of those surgeons in the regions who are interested in urology), to the Medical Advisory Committees and through them to the Regional Boards.

I have to stress that the Standing Committee is not a committee armed with power but is simply an advisory committee; power is vested in the Regional Boards and Boards of Governors. However, the activities of the Standing Committee in the last few months have been most encouraging, in that it has been found that medical opinion has moved in favour of the establishment of more urological services and departments than at present exist. It is here that we want the co-operation of all the members of the Association to press in their own regions for improved urological services. The Standing Committee, which is prepared to give all help that is possible, is taking steps to visit each region and to assist in the preparation of a case for the establishment of urological departments in suitable cities and towns. I feel that most of you here are convinced about the need for special urological departments, and that many of you are prepared to shoulder the burden of starting such centres as are needed in your own regions if they do not already exist. There may be some of you who are not so convinced, but I would ask those to consider, from the point of view of the patients of this country, whether urology has not now reached such a degree of importance and complexity that it needs the formation of many new departments.

I ask you to consider this matter from the practical aspect as well as from what I might call the idealistic angle. For many years the practice of urology consisted very largely of the surgery of the prostate, of bladder tumours, and of renal calculus, as well as the surgery of less common conditions such as renal tumours, renal tuberculosis, hydronephrosis, and stricture. But in recent years, with advancing techniques, the practice of urology has to be thought of in a much wider context. The diagnosis and the surgery of renal hypertension and the possibility of the transplantation of kidneys are exciting and dramatic surgical developments which must offer a challenge to urologists; those who have also been trained as general surgeons have the opportunity of applying to the urinary organs the general surgical techniques of vascular anastomosis. Paediatric urology and the surgery of ureteric reflux are developing rapidly. If urologists do not reach out to incorporate into urological practice these new and exciting branches of surgery, general surgeons will certainly develop them.

The wider field of urology demands the incorporation into its practice of a good deal of medical urology as well as the deployment of the latest radiological techniques (which are advancing rapidly) as applied to the urological patient. There is sufficient work in modern urology to occupy a man for the twenty-four hours of each day without him feeling compelled to occupy himself with non-urological or general surgical problems.

I hope that our Association will continue to play its part in the advances which lie ahead.

POSTGRADUATE TRAINING IN UROLOGY

A Committee of the Royal College of Surgeons has laid down the following general criteria for consultant status :—

“ Before achieving the status of a consultant in surgery a medical practitioner will normally have a minimum of eight years of postgraduate experience, including the pre-registration year. By this time he should have reached the age of 32 years or more, but there should not be any bar to his promotion to consultant status at an earlier age. He should hold the Fellowship of one of the Colleges of Surgeons in the British Isles, Canada, Australasia, or South Africa. The first two years should be spent in junior and senior posts as resident house officer. Two further years should be occupied in the grade of Registrar, during which rotation should be organised, and subsequently four or more years by posts in the grade of Senior Registrar.”

It was further recognised that in urology there should be periods of general surgical training for three years after registration, though these need not necessarily be consecutive.

The Council of this Association accepts this statement of minimum requirements, though it believes that a further year of training may be necessary for a specialist over and above that required for general surgery, and it recognises that in the present circumstances of the National Health Service no precise training programme can be laid down. The Council believes, however, that some more detailed analysis of the training required for urology should be helpful to those concerned in postgraduate education and in the allocation of Senior Surgical Registrar posts, and to members of Selection Committees responsible for the filling of urological appointments.

A. Types of Training Required.

Urological units at present functioning in this country have for the most part been developed by general surgeons who have specialised after the completion of their formal training: this development has been an essential part of the evolution of the specialty, but it must be emphasised that the full potential of urology as a branch of medical science will only be realised by those with a training which is more specialised but at the same time is more broadly based than that of general surgery, and which includes, for instance, experience of biochemical, physiological, and radiological techniques as they are applied to the urinary tract.

Urological appointments in this country are at present few in number, and although more will be required in the future, and other such appointments are available overseas, the supply of trained urological registrars must bear some relation to the demand. It is therefore impracticable for every urological unit to train a senior registrar who will leave after four or five years: moreover, all centres are not at present equipped to provide the wider instruction required.

Although new urological units must certainly be developed to provide an adequate service, in smaller centres it is inevitable that the general surgeons will continue to deal with the simpler and more urgent urological problems. It is therefore essential that general surgeons continue to receive some training in urology.

B. Training for General Surgeons with an Interest in Urology.

It is appropriate that the schemes of rotation of general surgical senior registrars at present arranged in many Teaching and Regional Hospitals should include a period of one year in a unit wholly or largely devoted to urology, so that some knowledge of the subject will be widely diffused. Similarly it should be possible for a man to spend six months in such a unit at the registrar stage, in order that many surgeons in training should have an opportunity to discover whether they wished to study the subject further.

For a general surgeon appointed to a smaller centre and expected to devote some special care to urological patients, one year of urology in the course of a rotating senior registrarship is inadequate, and it should be possible for a man to opt out of the scheme temporarily in order to stay with the urological unit for a further year or even longer without prejudicing his right to return to the general surgical rota. He need not therefore feel that he is jeopardising his chances of a consultant appointment by devoting a special study to one branch.

C. Training for Urologists.

For the urologists practising the specialty exclusively further training is required. It should be provided at a small number of specialised centres for men who have had general surgical experience, including some urological training, and have made a definite decision to enter urology as a specialty. These men might be seconded from

smaller urological units with a right to return until they obtain consultant appointments, they might go on into academic or research posts after a training, or they might be returning to appointments overseas. Such centres should prepare a training programme lasting two years, which would provide an opportunity for experience under two or more independent urological consultants, and provide also contact with a renal dialysis unit and other nephrological work, with radiotherapy and allied techniques, with pædiatric urology, with vascular surgery, and with gynaecology.

The Council hopes that suitable centres will submit such training programmes to the Association for approval, so that it will be possible to press upon the Teaching Hospital Boards and Regional Hospital Boards the need to recognise a small number of urological senior registrarships and to appreciate the importance of adequate training in the selection of candidates for urological consultant posts.

UROLOGICAL PRIZE ESSAY, 1965

The British Association of Urological Surgeons offers a prize of £100 for an essay on
"Urinary Diversion"

REGULATIONS

Candidates for the prize must be Fellows of one of the Royal Colleges of Surgeons in the British Isles, Canada, Australasia, or South Africa who are in the course of urological training or who have obtained consultant posts within seven years of the date of submission of the essay.

The length of the essay should be not more than 30,000 words, exclusive of case reports which may be included as an appendix. It must be typewritten and in English.

Each essay must be distinguished by a motto or device and accompanied by a sealed envelope containing the name and address of the author and having on the outside the corresponding motto or device.

Three assessors will be appointed by the Council to make recommendations on the award of the prize, which will be decided at the B.A.U.S. Council meeting. The Council reserve the right not to make an award in any one year.

The closing date for the receipt of the 1965 prize essay will be 1st January 1965. The assessment will be made by 1st March and the winner will be required to present a summary of his essay at the Annual Meeting of the Association where the prize will be presented. The *British Journal of Urology* will have the option of publishing the winning essay in full or in summary before publication is made elsewhere.

NOTE.—A prize will be offered for an essay every year from 1965 onwards. The subject of the essay will be in one year a set topic and in the next (1966) and alternate years on any matter of the candidate's choosing within the urological field. Candidates for the latter should submit their title for approval to the President before the essay is written.

INTERNATIONAL SOCIETY OF UROLOGY

The Thirteenth Congress of the Society will be held in London at the Royal College of Surgeons from 29th August to 5th September 1964. H.R.H. Prince Philip, Duke of Edinburgh, has graciously consented to be Patron.

Congress Committee.—*President*, Sir Eric Riches; *Secretary*, Mr D. Innes Williams; *Treasurer*, Mr A. W. Badenoch; *Editor*, Mr J. D. Fergusson; *Members*, Professor V. W. Dix and Mr H. G. Hanley.

National Committee.—*Delegate*, Professor L. N. Pyrah; *Members*, Mr Arthur Jacobs and Mr A. W. Badenoch.

Letters of invitation have already been sent to all members. Any who have not yet replied are requested to do so without delay.