

NEWS FROM HOME AND OVERSEAS

BRITISH ASSOCIATION OF UROLOGICAL SURGEONS

THE Twentieth Annual General Meeting was held in the Chemistry Building of the University of Sheffield on Thursday, 17th September 1964, at 9.30 A.M.

The President, Professor Victor Dix, was in the Chair.

1. **Minutes** of the Annual General Meeting held on 4th July 1963, 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: Hugh Fraser Anderson, London; Muhammad Ismet Kurhshid Anwar, Lahore, Pakistan; Dennis Deane Arnold, Sydney, Australia; James Allan Blackwood, Sydney, Australia; Philip Beckford Clark, Leeds; John McIlroy Megaw, Belfast; Philip Paton Philip, Carshalton; John Leighton Williams, Sheffield.

3. **Report of Council for 1963-64.**—The Report of Council for 1963-64, which had been circulated, was received and adopted.

4. **Report of the Honorary Treasurer and Balance-sheet to 31st December 1963.**—The audited accounts for the year 1963, which showed a balance on the year's working of £337. 1s. 3d., were presented by the Honorary Treasurer and approved.

5. **Election of Officers.**—The following were elected Officers for 1964-65: *Vice-President*, Mr D. S. Poole-Wilson; *Honorary Treasurer*, Mr W. Barr Stirling; *Honorary Secretary*, Mr J. P. Mitchell; *Honorary Editorial Secretary*, Mr B. H. Page.

6. **Election of Members of Council.**—The following were elected Members of Council to fill the vacancies: Mr A. W. Badenoch, London; Professor R. Shackman, London; Mr J. Swinney, Newcastle-upon-Tyne; Mr A. Ashworth, Manchester (to fill casual vacancy caused by Mr Page's nomination as Editorial Secretary).

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

8. **1965 Annual Meeting.**—The Honorary Secretary 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 and control of urinary incontinence (excluding enuresis of childhood)." The following had agreed to open the discussion: Dr J. Lapedes, Mr Martin Claridge, Professor T. N. A. Jeffcoate, Mr Norman Gibbon, Mr Michael Hall.

9. **1966 Annual Meeting.**—The President reported that the 1966 Annual Meeting would be held in Manchester.

10. **Rules.**—On the recommendation of the Council it was agreed that the first paragraph of Rule 6 should be amended to read:

"The annual subscription shall be—Home Members—Full, 7 guineas; Associate, 5 guineas. Overseas Members—Full and Associate, 5 guineas. Corresponding Members, 4 guineas."

It was explained that the increase in subscription was necessary owing to the cost of providing:

- (a) The increased issues of the Journal.
- (b) The increased contribution to the Joint Secretariat of the Royal College of Surgeons.
- (c) The prize essay.

11. **1965 Provincial Meeting.**—It was reported that the 1965 Provincial Meeting would be held in Portsmouth on 13th November.

12. **Urological Services in Britain.**—A memorandum by Mr Howard G. Hanley on the Urological Services in Britain was discussed. Mr H. P. Guerrier spoke from Torquay and pointed out the difficulties in an area such as his, firstly due to the enormous influx of people at holiday times when the population of the town may increase

three or four times, secondly the fact that the population was largely retired. Thirdly he drew attention to the paragraph in the memorandum which referred to a town with a population of 200,000 persons, and requested that this should read "an area of that population" as many of the provincial districts drained a population very much larger in number than the actual town population. Lastly, he reminded the Meeting of the difficulties in obtaining junior help in the form of Registrars and House Surgeons for a specialised Department in an area such as Torquay.

Mr F. R. Kilpatrick spoke in favour of the memorandum, and requested that it should go forward as soon as possible.

Mr B. B. Hickey of Swansea suggested that sixty beds for two Consultants would be much more acceptable by the Ministry than the figure quoted in the memorandum.

Mr G. F. Langley pointed out the need to convince surgical colleagues of the necessity for establishing Urological Departments.

Mr J. A. Ross of Edinburgh emphasised the need for a good general surgical training before the Senior Registrar began to specialise in Urology.

On Wednesday afternoon, 18th September, a small party of members and their guests visited the Works of the English Steel Corporation Ltd. In the evening a Reception was held at the Town Hall by kind invitation of the Lord Mayor.

After the Business Meeting on Thursday, 17th September, the following short papers were read :—

- (a) "Primary ureteric neoplasms." Mr Donald McIntyre and Professor L. N. Pyrah (Leeds).
- (b) "Anti-inflammatory agents in the management of interstitial cystitis." Mr J. B. M. Roberts (Bristol), Mr H. Guerrier (Torquay), and Mr N. Slade (Bristol).
- (c) "Carcinoma of the bladder simulating chronic cystitis." Mr J. C. Smith and Mr A. W. Badenoch (London).
- (d) "Comparison of the alterations in tissue and blood electrolytes during extracorporeal haemodialysis." Mr E. C. Edwards, Mr I. W. MacPhee, and Mr A. Hardy-Smith (Liverpool).

In the afternoon the following short papers were given and film shown :—

Papers—(a) "Electrical stimulation of the bladder." Mr F. G. Ellis (London).
Critic—Mr A. Marshall.

- (b) "The use of P.32 in the treatment of bone metastatic carcinoma of the prostate." Mr J. G. Smart (London).

Film—"The technique of renal and prostatic needle biopsy." Mr R. T. Turner-Warwick (London).

Papers—(a) "Urethral reconstruction." Mr J. C. Anderson, Mr W. Hynes, and Mr B. S. Crawford (Sheffield).

- (b) "Contrasting cases of cystitis cystica." Mr J. Grieve (Dundee).

Members and their guests were invited to a Reception in the Students' Union by invitation of the President and Council of the Association. This was followed by the Annual Dinner which was attended by 224 members and guests. During the Dinner the St Peter's Medal was awarded to Sir Eric Riches.

On Friday, 17th September, a discussion was held on "Infections of the urinary tract (excluding tuberculosis)," the openers being Professor H. E. de Wardener, Dr J. C. Gould, Mr D. Innes Williams, Mr Thomas Moore, Mr Ashton Miller.

In the afternoon the following short papers were read :—

- (a) "Pyelonephritis in pregnancy." Mr Howard G. Hanley (London).
- (b) "The prevention of chronic pyelonephritis." Dr John J. Murphy, Dr Harry W. Schoenberg, and Dr Theodore A. Tristan (Philadelphia, U.S.A.).
- (c) "Long-term catheter drainage in the male."
 - (i) "Bacteriological study." Dr K. B. Linton (Bristol).
 - (ii) "The clinical application." Mr J. B. N. Roberts (Bristol).
- (d) "Problems in the treatment of *Ps. pyocyanea* infections." Mr N. Slade (Bristol).
- (e) "Urological survey of chronic pyelonephritis and recurrent urinary infections without obstruction." Professor G. F. Murnaghan (Sydney, Australia).

In the evening a visit was arranged to Chatsworth House, followed by a Dinner at the Rutland Arms, Bakewell.

On Saturday morning, 19th September, a Clinico-Pathological Meeting was held in the Chemistry Building when the following short papers were given :—

- (a) "Compensatory structural and functional changes in the kidney."
 - (i) "Radiological appearances." Dr T. Lodge.
 - (ii) "Some aspects of renal function." Mr J. L. Williams.
 - (iii) "Some characteristics of compensatory renal growth." Dr H. P. R. Bury, Dr W. A. J. Crane, and Dr L. P. Dutta.
- (b) "Radiotherapy in the treatment of carcinoma of the penis." Dr D. Shirley Murrell and Mr J. L. Williams (Sheffield).
- (c) "Carcinoma of the penis in Africans." Dr O. G. Dodge (Sheffield).
- (d) "The measurement of intravesical pressures." Mr Trevor Shelley (Sheffield).
- (e) "The treatment of incontinence following prolapse repair in women." Dr D. W. Warrell (Sheffield).

At a meeting of the Council held on 25th June 1964 the following were elected Associate Members: M. Ahmad, F.R.C.S., Calcutta, India; C. Chinnaswami, M.S., F.R.C.S.E., Madras, India; I. V. Lishman, F.R.C.S., Newcastle upon Tyne; J. C. Smith, F.R.C.S., London. On 17th September 1964: N. J. Blacklock, F.R.C.S., R.N.; S. G. Leitch, F.R.C.S.E., Sheffield; K. C. Perry, F.R.C.S., London.

ANNUAL MEETING, 1965—Preliminary Announcement

The Annual Meeting will be held in London on Thursday, 24th, Friday, 25th, and Saturday, 26th June 1965. A full programme will be circulated later, but the provisional arrangements are as follows :—

Wednesday, 23rd June

EVENING. Reception by invitation of the President and Council of the Association.

Thursday, 24th June

MORNING. Registration.
Business Meeting.
Short papers.

AFTERNOON. Meeting of the Section of Urology of the Royal Society of Medicine.

EVENING. Annual Dinner at the Royal College of Surgeons.

Friday, 25th June

MORNING. Discussion on "The cure and control of urinary incontinence (excluding enuresis of childhood)."
Opens: Dr J. Lapidus, Mr Martin Claridge, Mr Norman Gibbon, Professor T. N. A. Jeffcoate, Mr Michael Hall, Dr J. J. Stevenson.

AFTERNOON. Short papers on subjects related to the main discussion.
Panel discussion on selected subject.

Saturday, 26th June

MORNING. Clinico-pathological Demonstrations and Discussions at various London Hospitals.

Ladies' Programme.—A programme will be arranged for the Ladies.

Short Papers and Films.—Members and associate members who wish to read short papers or show films are asked to submit the titles to the Honorary Secretary **before 23rd January 1965**.

Scientific Exhibition.—Members are also invited to submit exhibits of a clinical and scientific nature; it is anticipated that adequate accommodation will be available for a large number of such exhibits and a prize will be awarded for the best. Members are asked to send in details, including wall or table space required, by **1st April 1965**.

Hotel Accommodation.—Members are expected to make their own hotel arrangements and are advised to book early.

Nominations for Council.—The attention of Full Members is drawn to the following rule:—

“Candidates for the Council shall be nominated by two Full Members at least six weeks before the Annual General Meeting and shall give their written consent to stand. They shall be elected at the Annual General Meeting.”

Three members of Council will be retiring in 1965, and nominations for the vacancies must be sent to the Honorary Secretary not later than 12th May 1965.

NOVEMBER 1964.

J. P. MITCHELL, *Honorary Secretary.*

INTERNATIONAL SOCIETY OF UROLOGY

THE Thirteenth Congress of the International Society of Urology was held in London at the Royal College of Surgeons of England from 29th August to 5th September 1964, under the presidency of Sir Eric Riches. The subjects discussed included the following:—

Testicular Tumours.—Some urologists (mainly in North America), whose tumour classification follows the U.S.A.F.I.P. system, believe that teratomas are radioresistant and treat testicular teratomas by means of radical orchidectomy with lymphadenectomy; others (in Europe mainly) practise simple orchidectomy followed by radiotherapy. North American usage was set out in an exhibit from the Walter Reed Army Hospital. A new classification of these tumours based on material at the Testicular Tumour Panel and Registry was put forward by Dr R. C. B. Pugh. The value of radical orchidectomy with lymph-node dissection was displayed in the survival figures presented by Lt.-Col. O’Shaughnessy and his team from the Walter Reed Army Hospital; the results of simple orchidectomy and radiotherapy were given by Mr D. M. Wallace and his co-workers from the Royal Marsden Hospital. The arguments for and against these different forms of treatment were set out by Professor G. Giertz and should be consulted in the original paper.¹

Professor A. Abramiane (U.S.S.R.) reported his experience with sarcolysin: it was only of use in seminomas, and only after radiotherapy. Forty-three per cent. of the cases responded to treatment, but one in four of those relapsed within six months and further courses were valueless. Dr C. J. Robson (Canada) referred briefly to the use of antimetabolic agents in his collected series, and found no convincing evidence that they had done good. Sir Eric Riches urged pathologists to compose their differences and provide the surgeon with a uniform system against which different treatments could be compared.

Carcinoma of the Bladder.—The new nomenclature adopted by the Union Internationale Contre le Cancer had been accepted by all those presenting reports; hence there was no problem of communication. All too clearly the results showed that only in the superficial type of bladder tumour was treatment of any value, and that if the bladder muscle was deeply invaded any form of treatment was likely to give bad results. All types of treatment gave some 60 per cent. five-year survival in superficial tumours, falling to about 20 per cent. five-year survival in deeper tumours. From the Royal Marsden Hospital and Manchester (Mr D. S. Poole-Wilson) came results showing the value of interstitial and supervoltage irradiation for localised invasive tumours. Dr J. J. Cordonnier (U.S.A.) reported that simple cystectomy combined with ileal-loop diversion gave 50 per cent. five-year survival rates in the superficial tumours. Dr U. Bracci (Italy) advocated radical cystectomy combined with node dissection, without radiotherapy; Dr R. Andersen and his colleagues (Norway) cited figures that suggested radiotherapy added to cystectomy was of no

¹ Reports of the Thirteenth Congress of the International Society of Urology (edited by J. D. Fergusson), vol. 1. Livingstone: Edinburgh and London, 1964.

value at all, and might make results worse; by contrast, Dr Willet Whitmore (U.S.A.) gave figures showing that radiotherapy after cystectomy improved the survival rates.

Renal Insufficiency.—Dr A. Guevara-Rojas (Mexico) drew attention to the need to consider renal blood flow rather than systemic blood-pressure as the important factor in anuria after hypotension and ischaemia. He referred to the dangers of vasopressor agents and the value of mannitol diuresis in preventing anuria of this type. Its early detection, however, is no easy matter; Dr A. M. Joekes could not point to one single index which foretold anuria after open-heart operations.

Professor A. Babic (Hungary) pointed out that obstructive anuria accounted for some 23 per cent. of the cases of anuria admitted to a large kidney unit. Reversibility of obstructive anuria was the theme of papers by Professor R. Uebelhör (Austria), Mr A. Walsh (Eire), and Dr N. Oka (Japan).

Renal Homotransplantation.—Mr Kenneth Owen and his colleagues presented their experience with cadaveric renal transplants at St Mary's Hospital, London: four of the patients were surviving at intervals of two, three, four, and eight months. Mr Ian Kenyon described how the kidneys were obtained and preserved with ice packs. Patients were kept prepared for a suitable donor by means of repeated peritoneal dialyses, though this raised problems of infection. Drug schedules were explained by Dr James Mowbray: he suggested that a rise in the urinary white cell count was a warning of rejection, and that this could then be averted by means of steroids and actinomycin C.

Dr A. A. Buchanan and Dr Kenneth Porter pointed out that in patients who had survived the initial perils of the graft-host reaction infection, pelvic abscess, perforated peptic ulcer, and curious necrosis of the lower end of the ureter presented new and difficult problems.

Exstrophy of the Bladder.—Dr John Lattimer (U.S.A.) and Mr D. Innes Williams (Great Britain) presented the results of the operations for reconstruction of the bladder combined with iliac osteotomy. Cosmetically the outcome was remarkably successful. The osteotomy permitted sound closure of the abdominal wall, which persisted even if the pelvis resumed its original form a few months later. But, so far as continence was concerned, the results were poor. Some degree of control of micturition might be achieved in girls, but seldom in boys. Five to 8 per cent. gained a measure of continence, but even this was not without its dangers; for there was always reflux. Rectal incontinence deterred both speakers from resorting to ureterosigmoidostomy, but Dr Harry Spence (U.S.A.) still used this operation; he had twenty-four favourable results in thirty-one patients. He admitted that, even though these children were well, 45 to 60 per cent. showed biochemical evidence of hyperchloræmic acidosis. As with cancer so with exstrophy, urologists still need a good substitute for the bladder.

Vesicoureteric Reflux.—Dr D. Innes Williams and Mr H. Eckstein presented the results of 276 operations for reflux. Five techniques had been used, and only that of Bischoff had consistently failed. Reflux had been successfully prevented in more than eight out of ten cases, the Leadbetter-Politano technique giving slightly better results in ureters which were not grossly dilated. In these children, if reflux was prevented, then infection was prevented in 86 per cent.: but, if reflux persisted, infection persisted in 64 per cent. Since only cases resistant to ordinary chemotherapy treatment had been operated on, the question arose whether there might be a stage beyond which it was too late to expect benefit from the operation. The figures suggested that it was wrong to allow ureters to become grossly dilated and paralysed; for, whatever operation was then employed, the results were poor. The principle underlying all these operations—to construct a tunnel through the wall of the bladder—seems to have been thoroughly

justified. A sixth method, following the same basic principle but not entering the bladder, was portrayed in a film by Dr W. Gregoir (Belgium).

The anatomical researches of Dr E. Tanagho (Egypt) have unravelled the complex muscular arrangement at the bladder neck and trigone, and support the principles underlying the tunnel procedures.

Renal Calculi.—Dr R. M. Gil-Vernet, jun. (Spain) showed a film of a new approach to the renal pelvis through the bloodless plane in the renal sinus. With proper retractors, access can be gained to the largest staghorn calculus without injuring kidney parenchyma. It is not often that an entirely new surgical approach can be described which convinces sceptical and experienced surgeons; but few of those who saw this film can have decided against giving the method a trial.

Prostate.—Dr Richard Bodman gave impressive statistical evidence of the safety of hypotensive anaesthesia in prostatectomy. His total mortality rate was 3.6 per cent., made up in large part of patients over 80 years old. Sir Eric Riches drew attention, in a film, to the need to remove the posterior prostatic capsule, where cancer tends to occur; and he showed how this could be done and followed by accurate apposition of bladder base to urethra with good hæmostasis.

Mr J. D. Fergusson reported worthwhile palliation in almost four-fifths of forty-seven patients in whom he had implanted ⁹⁰yttrium-rods into the pituitary under image-intensifier control. In particular, bone pain from prostatic metastases had been relieved in more than half the patients. Previous failure to respond to stilboestrol did not mean that the patients would fail to respond to pituitary ablation.

Cineradiology.—Perhaps one of the most rapidly advancing fields of urological technology has been the application of cinephotography to the urological tract. Mr Howard Hanley showed the application of the videotape system to routine cineurography with its considerable saving in time and cost of film.

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