Section of Urology

President—CUTHBERT E. DUKES, O.B.E., M.D., M.Sc., F.R.C.S.

[*October* 25, 1956]

"Behind the Scenes in Urology"

PRESIDENT'S ADDRESS

By CUTHBERT E. DUKES, O.B.E., M.D., M.Sc., F.R.C.S.

I AM privileged to be the first pathologist to be elected President of the Section of Urology. This Section of the Royal Society of Medicine is thirty-six years old. Sir Peter Freyer was its first President, Lord Horder the second, Sir John Thomson-Walker the third, and Sir Walter Langdon-Brown the fourth. Since then for a period of thirty-two years without interruption the presidential chair has been occupied by a surgeon.

My main theme will be the past history of this Section and my personal recollections of some of its early Presidents. In preparation for this let me first recall some details with regard to the formation of this Section thirty-six years ago.

The Inaugural Meeting of the Section of Urology was held in this building on March 17, 1920. The President of the Royal Society of Medicine that year was Sir Humphry Rolleston. He took the chair, and eighteen Fellows and members were present, but, unfortunately, the list of names of those present has not been preserved.

The first item on the Agenda was the choice of Officers, and the following were elected:

President ..	Sir Peter Freyer
Vice-Presidents	Sir Cuthbert Wallace
	Sir Thomas Horder
Hon. Secretaries	J. W. Thomson-Walker
	Cyril A. R. Nitch

I once asked a very senior member of this Section which of the Founder Members had been the most active "behind the scenes" in promoting the formation of this Section, and he replied without a moment's hesitation "Sir John Thomson-Walker". Evidence for this is provided by the fact that at the Inaugural Meeting of the new Section he was elected the first Honorary Secretary. The President of a new Society is often only a figure-head. If you want to discover the real prime mover you must notice who gets elected as its first Secretary!

Only one of the original officers of this Section is still alive, Mr. Cyril Nitch, now living in retirement at Yeovil in Somerset. There are only three surviving "original members", distinguished in our official list by the letters "O.M.", namely, Lord Webb-Johnson, Mr. J. B. Macalpine, and Mr. Ogier Ward.

Apart from these original members, the most senior ordinary members of the Section at the present time are Sir Zachary Cope, Mr. Clifford Morson and Mr. Kenneth Walker, all of whom were admitted in 1920.

If a prize were awarded to the member of this Section who had held office longest it would, without a doubt, go to Mr. Clifford Morson, whose record is as follows: Joined the Section in 1920, elected Representative on Library Committee 1924, Secretary 1925–1927, Vice-President 1927–1931, Representative on Editorial Committee 1932, President 1933, Representative on Editorial Committee once more in 1935, an office which he has held continuously ever since. He has been a member of the Council for thirty of the thirty-six years of the Section's existence.

FIRST PRESIDENTS OF SECTION

Anyone elected to the office of President in a Society such as this during its early formative years is bound to leave his mark on the organization over which he presides, and the first four Presidents of this Section certainly did so. It is my impression now that each of these was what Emerson would have called a "representative man", and that each, perhaps unconsciously, made a unique contribution to the life of this Section. All four were men of exceptional ability and held in the highest esteem by their colleagues. Though they varied greatly in character and attainments, they were united by a common interest in urology.

SIR PETER FREYER

The first President of this Section was Sir Peter Freyer, who was then 69 years of age and at the height of his fame and professional reputation. It was twenty-four years since, on his return from India, he had been appointed to the staff of St. Peter's Hospital, and just twenty years since he had carried out the first successful suprapubic prostatectomy operation one dark December day in 1900.

I am able to show you photographs of pathological specimens derived from Freyer's first prostatectomy case, and also photographs of the patient's notes but since this is the first time this information has been made public, I must first relate how it was obtained.

I must begin by explaining that soon after my appointment as pathologist to St. Peter's Hospital in 1930, I was given custody of the Freyer Collection of Prostates, which for some years had been stored in a cupboard below a book-case in the Board Room. In this cupboard there were also a few other precious trophies and a drawer containing some 20 or 30 urinary calculi reserved for postgraduate lectures.

I consulted with Mr. Swift Joly, and when we began to sort out the Freyer Collection of Prostates we found a big jar containing a post-mortem specimen of a bladder, prostate and urethra, to which was attached a label marked with the initials "J. T." "Ah", said Mr. Joly with obvious delight, "John Thomas, the first patient on whom Freyer did his prostatectomy operation thirty years ago."

Mr. Joly explained that the patient had survived the operation for more than twelve years, and that Sir Peter Freyer had kept in touch with him regularly during this time by promising the relatives that they should be handsomely rewarded if, after the decease of John Thomas, a post-mortem examination could be performed and the pelvic organs retrieved. Mr. Joly thought that the patient had died in St. Pancras Infirmary just before the First World War.

FIG. 1.—Sir Peter Freyer.

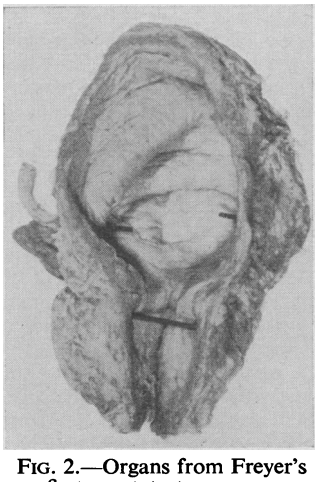

FIG. 2.—Organs from Freyer's first prostatectomy case.

This museum specimen marked "J. T." remained in my charge for the next twenty-six years, but I did nothing to substantiate Mr. Joly's story until a few months ago, when it occurred to me that I might search through the hospital records to discover the name and initials of the patient on whom Freyer had performed his first prostatectomy operation, to see if they corresponded with the information given me by Mr. Joly. I did so, and am much indebted to the Records Clerk of St. Peter's Hospital who eventually found the bound volume of notes of all cases under the care of Sir Peter Freyer. Therein we confirmed the fact that in the month of December 1900 a patient named John Thomas, aged 69, had been admitted for prostatic obstruction and had been treated surgically by Freyer. Here are two extracts from this patient's notes.

EXTRACT FROM PATIENT'S NOTES DATED DECEMBER 1900
OPERATION (P. J. F.) GAS AND ETHER

"Suprapubic incisions: incision into mucous membrane of bladder on to right prostatic lobe: *this shelled out quite easily.* Apparently an adenomatous growth not very hard—more elastic than doughy. Corresponding incision into mucous membrane over left lobe which was treated in the same way. This was smaller but apparently of exactly the same consistency. When the right lobe was removed and got out of the way a small median lobe was felt about the size of a marble; this was removed thirdly through the incision made for the right lobe. This also seemed to be identical in its feel & consistency with the other two. Double drain tube put in."

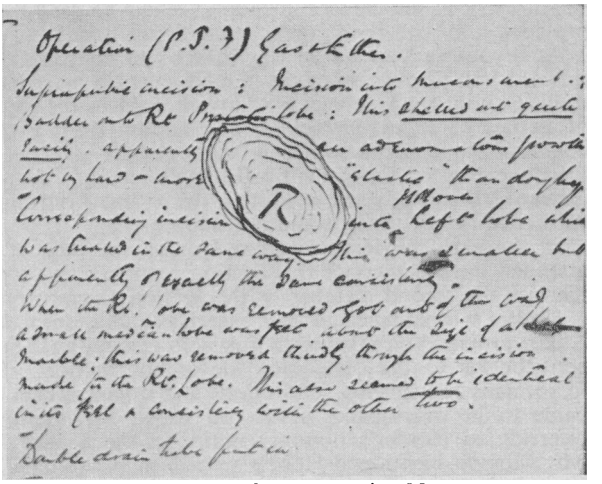

FIG. 3.—Extract from Operation Notes.

POST-OPERATION NOTES

"Passed *all* water naturally and *quite dry since three weeks and three days after operation.* Holds his water two and a half hours.

"Night two or three times.

"Had had 'gout' in ankles last week or two ago.

"April 22, 1912. Patient writes (82 years of age): 'I must say I am perfectly right in my urinary organs and for which I shall never be able to thank you enough.'

"April 1913. Died in the St. Pancras Infirmary from heart disease. The bladder and urethra preserved. (*Vide* specimen in St. Peter's Hospital.)"

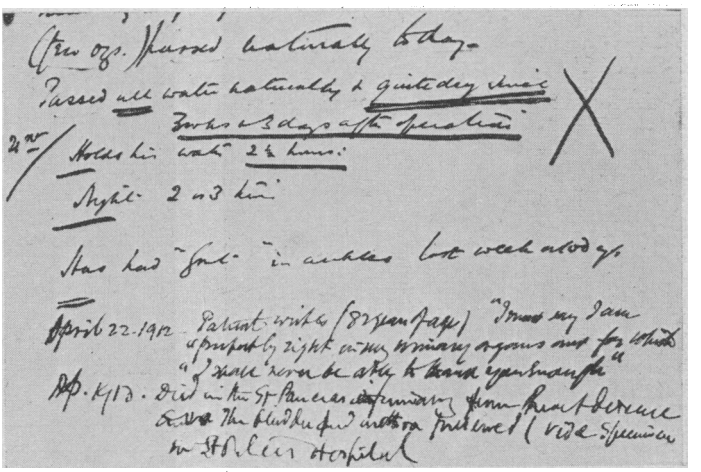

FIG. 4.—Post-operation Notes.

The sequence of events, then, in this remarkable story is as follows:

1900: Prostatectomy operation on John Thomas by Peter Freyer.

1913: Death of John Thomas: post-mortem examination and removal of pelvic organs to Freyer Collection of Prostates at St. Peter's.

1930: Discovery by Mr. Joly of organs labelled "J. T."

1956: My confirmation of Mr. Joly's story by finding notes of cases operated on by Freyer in 1900, fifty-six years previously.

There has been much controversy concerning the question whether or not Freyer *was* the first surgeon to carry out suprapubic prostatectomy successfully, but whatever views may be held about this, no one will deny that by his teaching and example Freyer effected a great improvement in the surgical treatment of prostatic obstruction, and it was because of his pre-eminence in this field that he was chosen as the first President of the newly-formed Section of Urology in 1920.

LORD HORDER

Sir Thomas Horder, later Lord Horder, was the second President of this Section.

I have chosen a photograph of Horder as a young man because his interest in urology began early in his career: in fact, it might be said that it was the urinary system which provided him with the key to the citadel of fame!

As a young physician he was called into consultation by the medical advisors to King Edward VII, who was thought to have sugar in his urine. Horder found that the diagnosis of glycosuria was incorrect. Above the bed of the royal patient he had noticed a number of bottles of patent medicines, and among them a popular remedy against rheumatism containing ingredients which he knew might give rise to a false positive reaction if the urine were tested for sugar by Fehling's method, then in general use. His Majesty King Edward VII was advised to abstain for a time from his patent medicines and the reducing substance in his urine promptly disappeared.

In the early nineteen twenties Horder was one of a small group of physicians who attended the meetings of this Section regularly and took an active part in its discussions. He was the second member of the Section to contribute a paper to the "Proceedings".

Horder's attendance at our meetings, and especially his presence in the Presidential Chair, provided an invaluable link with general medicine. In my view this was his special contribution to the developing life of our Section. Later on Horder became interested in so many movements, institutions and organizations that his early contacts with urology came to be overlooked, a fact on which Mr. Clifford Morson commented in a letter referring to Horder's obituary notice in the *British Medical Journal* (August 20, 1955). Mr. Morson mentioned Horder's share in the foundation of this Section, and added that even before this Section was formed Horder had expressed the view that the trend of development of urology would not be exclusively surgical.

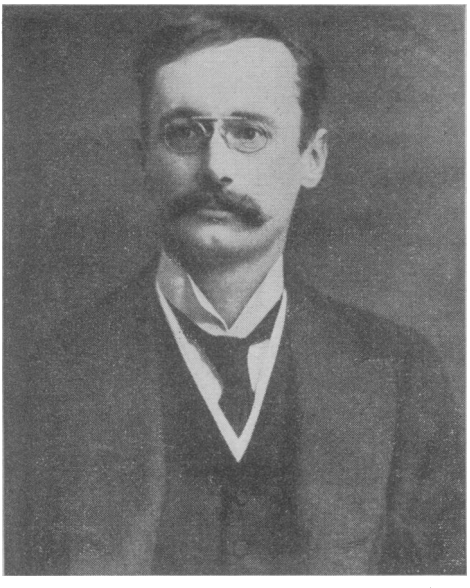

FIG. 5.—Lord Horder (as Sir Thomas Horder).

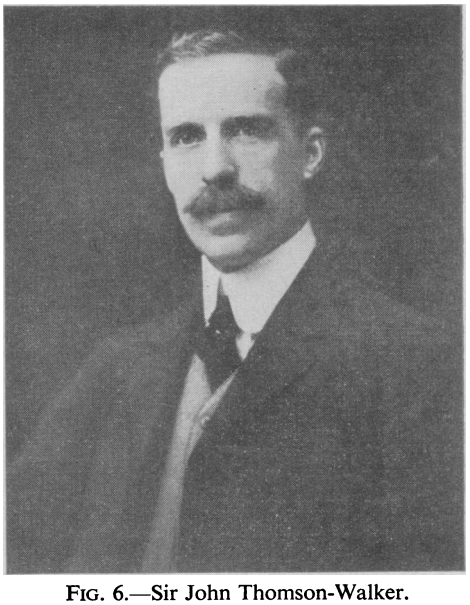

FIG. 6.—Sir John Thomson-Walker.

SIR JOHN THOMSON-WALKER

Sir John Thomson-Walker was the third President of the Section.

After the death of Sir Peter Freyer in 1921, Thomson-Walker occupied a position of undisputed supremacy in the world of urology for more than fifteen years. This was due, not to any high degree of originality in his scientific or clinical work, but to the fact that he improved and perfected the conceptions of his predecessors, and seemed to introduce a quality of excellence into all that he said or did.

I welcome the opportunity of recalling my impressions of Thomson-Walker because a year or two ago a urological surgeon at one of the big London teaching hospitals told me that he had referred to him in a lecture and found that even the registrars and assistants seemed to know very little about him. Yet it is less than twenty years since he died, and in his day his reputation was literally world-wide.

Sir John Thomson-Walker, both in dress and manner, was always "the perfect gentleman". He was tall and carried himself well. He was an upright man in every sense of the word. He was self-confident without being proud. He was well aware of his authoritative position but not in any way self-assertive. I remember a conversation during which reference was made by a patient to the leading urological surgeon of the day in the United States. Thomson-Walker remarked at once: "Of course I know him well: he is my opposite number in America." It sounded as if the King of the Old World were paying homage to the King of the New World!

Finally I must mention his industry and scholarship. I once asked him how he had managed in the midst of such a busy life to find time to keep himself up to date in pathology and other scientific subjects. He replied quite simply that his health had not been good and that he had not slept well at night, so had made a habit of doing an hour or two's study each morning before breakfast.

Sir Walter Langdon-Brown

Dr. Langdon-Brown, later to become Sir Walter Langdon-Brown, and Regius Professor of Medicine in the University of Cambridge, was the fourth President of this Section.

Langdon-Brown's presidency forged an invaluable link with scientific medicine and especially physiology.

The breadth of his vision and the variety of his interests is shown by the fact that he was elected President at different times of no less than four Sections of the Royal Society of Medicine, namely Urology, Therapeutics, History of Medicine and Endocrinology.

I met him first in 1929 in preparation for a combined discussion on urinary antiseptics between the Sections of Urology and Pathology. He was deputed to speak for the Section of Urology and I had been appointed in a similar way by the Section of Pathology. A few weeks before this meeting he invited me round one evening to his house in Cavendish Square so that we might agree on procedure. Naturally I was anxious to find out what he was going to say, and it transpired that he had the same attitude to me. But we soon came to terms. We both agreed that urinary antiseptics did no good anyhow! This, of course, was long before the days of sulphonamides or antibiotics: even before the days of the ketogenic diet.

After this I met Sir Walter Langdon-Brown on many occasions and came to know him well and to respect him greatly. He was a charming host with a great knowledge of good food and good wine, and a vast fund of anecdotes.

Phase of Restriction of Membership to Urological Surgeons

Sir Walter Langdon-Brown was President of this Section in the session 1923–24 and he was followed in succession by Mr. Cyril Nitch, Mr. Jocelyn Swan, Sir Girling Ball, Mr. Frank Kidd and Mr. Swift Joly. My impression is that during this period the control of the Section passed almost completely into the hands of urological surgeons.

It was, of course, natural that at this time most of the active members of this Section should have been surgeons, because it is they who have developed this specialty and added to our knowledge of the subject; but if you recall what I said about the first officers and early Presidents you will realize that the founders of this Section had a broader conception of the general scope of urology and at first, chiefly owing to the influence of Horder and Langdon-Brown, the medical aspects of urology were kept well to the fore. The attendance book shows that for the first four or five years of our existence a strong group of consulting physicians and a few pathologists attended the meetings of this Section regularly. Then we passed into a phase when the activities of this Section appeared to be of interest only to urological surgeons: others ceased to attend.

The gradual restriction of active membership of this Section to urological surgeons continued for a period of about twenty years, during which time physicians, radiologists and pathologists rarely attended our meetings. I can remember when it seemed almost as if *I* were enjoying an unopposed practice in pathology within this Section, a state of affairs which was neither good for me nor for the Section! However during the last three or four years this has gradually been put right and we now have a strong group of younger pathologists taking an active share in the life of the Section, especially at the clinico-pathological meetings.

Looking forward into the future, I venture to predict that the programme arranged for this Section in the coming session is likely to attract a more varied audience than in the past, and that it is not unlikely that an increasing number of physicians and even general practitioners may begin to return to the fold.

The reason why I anticipate a "come-back" of physicians is because some recent advances in urology have led to the discovery of hitherto undeveloped territories in medical know-

ledge where many others besides urologists may wish to stake out a claim. A good example is provided by cancer research. I will illustrate this by a recent personal experience.

A few weeks ago I had to travel to Italy to attend a committee meeting of the International Union against Cancer, at which representatives were present from thirty or forty different countries. We were a miscellaneous collection including University professors, whole-time research workers, clinicians, pathologists and administrators. We met in the new science buildings of the ancient university of Rome. The weather was very hot, the agenda was long, and we made slow progress. Towards the end of the third day my thoughts began to wander, and as I gazed absentmindedly at the distinguished company seated round the enormous table I began to ask myself which member of this international committee had contributed most to the advancement of our knowledge of cancer during the last few years. This was not a difficult question to answer. My eye fell at once on a member of the delegation from the United States, a surgeon known to most of you, a urologist, Charles Huggins. His researches into the pathology and treatment of cancer of the prostate are amongst the most outstanding contributions to the cancer problem made in recent years, and, as you know, they already have far-reaching implications in relation to general medicine and especially endocrinology; and we owe all this to a practising urological surgeon.

It is obvious that if discoveries such as these concerning the hormone control of cancer are being made by urologists, then it will not be long before the programme of the Section of Urology will be scanned with renewed interest by members of other Sections of this learned Society. For this reason we should be prepared for visitors and be ready to receive them.

Subsequent Presidents

Following Sir Walter Langdon-Brown there have been thirty-two Presidents of this Section, all of them surgeons.

I wish I could say something about each of the remaining deceased Presidents, because I am sure that in his day each one made his own special contribution to the life of this Section. But I have time only to speak of two more, and have chosen Mr. J. Swift Joly and Sir Henry Wade. I do not suggest for a moment that these did more than others. I chose them chiefly because I knew them both intimately and also because one, Swift Joly, was a pure urologist, whereas Henry Wade was a general surgeon with a special interest in urology.

Mr. J. Swift Joly

Mr. J. Swift Joly was the ninth President of this Section.

Swift Joly will always be remembered chiefly because of his researches into the pathology of calculus disease of the urinary tract. This was the subject of his Presidential Address to this Section and the theme of his monumental work "Stone and Calculus Disease of the Urinary Organs", published in 1929.

After his appointment to the Staff of St. Peter's, Joly confined his practice exclusively to urological surgery, but he had an immense store of learning in all sorts of subjects, was an entertaining conversationalist and possessed a quick Irish wit.

Swift Joly accomplished a great deal but was never in a hurry. One of his peculiar mannerisms was always to sign his letters "Yours in haste", which was perhaps in keeping with his name "Swift" Joly though not in keeping with his behaviour: in fact, if one met him anywhere he always seemed to have time for a leisurely chat. He loved a joke, especially if there was something a trifle whimsical or quixotic about it.

I have already mentioned that when I was appointed Pathologist to St. Peter's Hospital I found a collection of urinary calculi which were used for lectures to post-graduate students. Swift Joly knew more about these than anyone else, so I asked him to select those which he thought should be analysed chemically. Amongst the collection was a peculiar brownish oval stone about two inches in diameter which Joly said had been used for many years for teaching purposes but he knew nothing about its origin, though he assumed it was a vesical calculus. "This stone", he said, "must certainly be preserved", so I made a preliminary analysis of scrapings from the surface, and was surprised to find that these did not show the presence of any oxalates, uric acid, urates, cystin, phosphates or carbonates. Swift Joly also was much mystified by this, so we decided to bisect the stone and to submit one-half to an expert for complete chemical identification. I ought at this point to mention that when the stone was bisected we both noticed that its structure was uniform throughout and that there was no obvious nucleus or lamination and there were no concentric rings. Therefore, we were not surprised when a few days later the report arrived to say that this was not a urinary calculus but simply a big lump of plaster of Paris, thinly coated with varnish. It is still in the Museum of St. Peter's Hospital, now labelled "alleged calculus".

Sir Henry Wade

Sir Henry Wade occupied the Presidential Chair in the session 1937–1938, and was the first urological consultant from North of the Tweed to be invited south for this purpose. He was the forerunner of other distinguished compatriots who are fortunately still with us—namely W. W. Galbraith, A. H. Jacobs and David Band.

Henry Wade was a skilful surgeon but also a very sound pathologist, and it is to this side of his character that I wish to pay my tribute both as pupil and friend.

It is now well known that operations which enucleate the prostate through its line of cleavage may result in the posterior lobe being left behind, though Sir Peter Freyer maintained at first that his operation removed the whole prostate gland. There was a good deal of controversy about this and Henry Wade became interested in the question during the two years at the beginning of his career when he worked in the Pathology Department of the Royal Infirmary at Edinburgh. It was natural therefore that when he subsequently came to London for postgraduate surgical experience he should visit St. Peter's Hospital to see for himself what Freyer was doing. He did so, and some years later in a communication to this Section he described how he had sat on a bench in the operating theatre at St. Peter's and watched Freyer swiftly and dextrously complete his prostate operation: after which Freyer brought the specimen across to where the visitors were sitting and demonstrated to his own satisfaction that he had removed the entire gland.

But Henry Wade was unconvinced.

Henry Wade returned to Edinburgh to study this question again. He cut whole sections of fifty operation specimens and made similar large slices through the prostatic bed from patients dying after prostatectomy operations. This left him in no doubt that the so-called hypertrophy of the prostate is in reality a limited hyperplasia of the more centrally placed prostatic glands. He proved that some of this may be left behind after enucleation.

Perhaps at the time it may have appeared to some as if this were an academic question only, but Henry Wade saw that it might have a bearing on the whole problem of the regeneration of prostatic tissue and on the possible site of origin of prostatic carcinoma. Looking back now into the past, to the great services rendered to this Section by my predecessors, I should like to pay my special tribute of affection to this former President hailing from North of the Tweed for his outstanding contributions both to urology and to pathology.

Other Influences Behind The Scenes

So far in this tour "behind the scenes" I have referred only to the influence of Presidents, but I can also recall many secretaries, councillors, editorial and library representatives and others who by their loyal service helped to build up this Section to the strong position in which it is to-day. Fortunately most of them are still with us and for that reason disqualified from further mention at present.

Furthermore, to avoid any possible misunderstanding, I must explain that in this Presidential Address I have not attempted even to outline a serious history of this Section. All I have been trying to do so far is to entertain you with a gossipy sort of talk on some incidents behind the scenes, based on personal and accidental recollections.

The Urological Patient

In conclusion I am going to ask you to return to the back of the stage so that I may introduce to you a shadowy figure waiting for us unnoticed behind the scenes. This is the urological patient! I am recalling him now so that we may pay our tribute to him because it is my firm conviction that the chief incentive to the foundation of this Section was the pressing need of the urological patient. Moreover, all through the thirty-six years' history of this Section this anonymous individual has played a more important part in the development of urology than any President, Secretary, or Councillor. But for him we should not exist! In your name, as President of this Section, I now assure THE UNSEEN PATIENT that he will not be forgotten at any of our meetings, and whether our talk be grave or gay it will always be on his behalf.

We know, of course, that we come here to these meetings for many different reasons, such as to meet old friends, to enjoy each other's company and to receive instruction and edification. But deeper down, perhaps subconsciously, we come for the same reasons which inspired the Founders and original members of this Section, namely because we know that here in the fresh invigorating atmosphere of the public forum, we can discuss the urological patient objectively, without so much as a passing thought for hospital estimates or priorities or any such thing. It is a fine tradition. We have inherited this freedom from our predecessors. We must preserve it, both on the stage and behind the scenes, and hand it on unsullied to our successors.

[*November* 22, 1956]

THE following cases and specimens were shown:

Tuberculous Sinus following Nephrectomy.—Mr. E. W. RICHES.

Kidney with Double Pelvis Removed Ten Years after Transplantation of its Duplicated Ureters, Because of Hydronephrosis in Upper Segment.—Mr. ARTHUR JACOBS.

Caseous Tuberculosis in one Half of a Horseshoe Kidney.—Mr. J. H. CARVER.

Nephrocalcinosis. ? Rein-en-Éponge.—Mr. D. INNES WILLIAMS.

Granuloma of Kidney.—Mr. D. INNES WILLIAMS and Dr. R. C. B. PUGH.

Long-standing Vena Caval Obstruction and Hypernephroma.—Mr. J. C. ANGELL (for Mr. J. D. FERGUSSON).

A Fluid Renal Opacity.—Mr. MARCO CAINE.

Vesicocolic Fistula due to Diverticulitis.—Mr. N. SLADE (for Mr. ASHTON MILLER).

Bladder Stone with Glass Nucleus.—Mr. ALEX E. ROCHE.

Torsion Testis.—Mr. N. SLADE (for Mr. A. WILFRID ADAMS).

Tumour of Testicle—for Diagnosis.—Mr. DAVID WALLACE.

Carcinoma of the Urethra, Two Cases.—Mr. C. WIGGISHOFF (for Mr. A. W. BADENOCH).

Ectopic Ureter Draining into Vagina with Hypoplasia of Corresponding Kidney.—Mr. A. G. ELLERKER.

[*January* 24, 1957]

Ten-year Follow-up of Cases of Adenocarcinoma of the Kidney

By A. C. THACKRAY, M.A., M.D.

ABOUT ten years ago Mr. Griffiths and I analysed a series of cases of carcinoma of the kidney which had been seen at the Middlesex Hospital and associated wartime Sector hospitals during the preceding thirteen years (Griffiths and Thackray, 1949). We excluded from our series the transitional and squamous cell carcinomas arising in the renal pelvis and calyces, and carcinoma of the kidney as used here refers only to tumours arising from the renal tubules. The survival figures, as far as we could estimate them at that time, were as shown in Table I. We were agreeably surprised by these figures, the percentages surviving

TABLE I.—SURVIVAL RATE OF NEPHRECTOMY CASES

	Years since nephrectomy			
	One	Three	Five	Ten
Number surviving	44	24	16	4
Possible survivors	57	43	34	19
Percentage surviving	77	56	47	21

TABLE II.—PERCENTAGE SURVIVING

	Years since nephrectomy			
	One	Three	Five	Ten
Preliminary figures	72	58	48	20
Final figures ..	66	53	39	24

one, three, five and ten years being 77, 56, 47 and 21, which compare favourably with Priestley's three, five and ten year percentage survivals of 48, 38 and 27 for a large series of cases from the Mayo Clinic (Priestley, 1939). The number of survivors falls steadily from the time of operation to the ten-year limit of follow-up, with about a quarter of all patients dead within the year and about a quarter still alive at ten years. This great variation in survival time is well known; one patient may die with widespread secondaries after a few months, another may die with similar metastases after the lapse of several years, whilst occasionally apparent cures are seen. In our review of these cases we sought an explanation of these wide variations in survival and paid particular attention to any factors which we thought might influence the prognosis. We wanted to include as many cases as possible, particularly as the significance of the various factors considered had to be tested by reference to the follow-up figures, and therefore included all patients operated upon up to the time of writing. Consequently for the five-year follow-up little over half the cases were available for consideration, shown in Table I as possible survivors, and comparatively few for the ten-year figures. This survey of the ten-year follow-up series of cases is a review of the results of surgical treatment of carcinoma of the kidney. We should remind ourselves that only between two-thirds and three-quarters of all cases are in fact operated upon. Of the 80 cases in our series in which surgery was considered, only 60 were operable, an inoperability rate of 25%, quite comparable with the 28% given in the very large-scale study of these tumours at the B.A.U.S. meeting in Glasgow in 1951 (Riches, Griffiths and Thackray, 1951). Furthermore, patients are seen in the post-mortem room from time to time who have died from the effects of such carcinomas and in whom the diagnosis was never made during life.