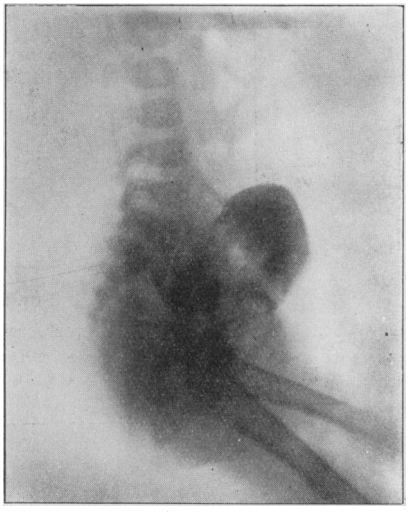
long, and 1¾ in. across. It was attached to the anterior wall of the bladder by a pedicle 1¼ in. long, extending upwards from the internal urinary meatus and projecting backwards into the bladder. Below, there is a mass of what appear to be cysts, though they are not cysts, but solid myxomatous projections.

Dr. Temple Gray, who examined the specimen for me at the East London Hospital for Children, described it as a rhabdo-myosarcoma.

When I saw the patient there was visible swelling in the lower abdomen and, on putting the hand on this area, a hard mass was felt in the situation of the bladder and extending to the umbilicus. The urine was turbid with pus, and I could not carry out cystoscopy, as the bladder was too much contracted to hold any fluid. I



Tumour of bladder in a child aged 1 year and 10 months.

therefore tied a catheter in, and through this the bladder was irrigated twice a day for a fortnight, at the end of which time I was able to carry out cystoscopy, and saw this mass in the situation I have described. I thought it was probably sarcoma. Next I took a cystogram, and this showed a filling defect involving, roughly, the middle third.

I opened the bladder and excised the tumour; in doing so it was necessary to take away a portion of the bladder extending into the internal urinary meatus. The operation was performed a week ago. The child is fairly well just now, and looks as if it may recover from the operation, but, of course, the ultimate prognosis is very bad, owing to the nature of the growth.

Two Cases of Cancer of Prostate with Bony Metastases.—Sir THOMAS CAREY EVANS, M.C., F.R.C.S.—Before describing in detail the two cases illustrated by the skiagrams, I will briefly mention a case which exemplifies the difficulty in diagnosing malignancy of the prostate. It was one of enlarged prostate in which I operated three years ago, removing the prostate suprapubically. At the time there was no suspicion of malignancy and I thought the condition was simply an adenomatous enlargement. I experienced no difficulty in the enucleation and the suprapubic wound healed up in the usual way. Three months later the patient

returned with the suprapubic wound open. I failed in the attempt to pass a sound. Per rectum, a fixed hard mass was felt in the prostatic region. Fortunately I had kept the excised prostate, and sections of this were now made and examined microscopically. They showed a condition of early malignancy though there was nothing, clinically, to make one even suspect it.

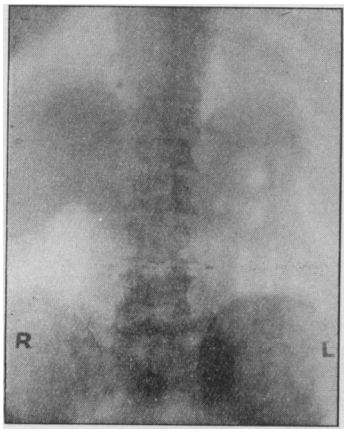


FIG. 1.

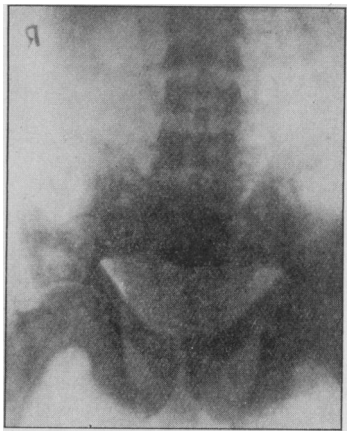


FIG. 2.

FIG. 1.—*Case* I.—Secondary deposits in lumbar vertebræ and pelvis.

FIG. 2.—Paget's disease with sarcomatoses (for contrast). Showing same woolly appearance, but with triangular pelvic opening.

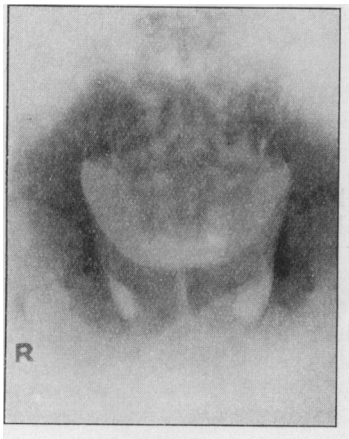


FIG. 3.

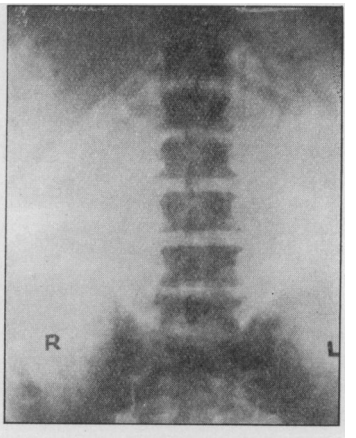


FIG. 4.

FIGS. 3 and 4.—*Case* II.—Carcinomatoses of lumbar vertebræ and pelvis.

(I) In November, 1928, a naval officer consulted me. He had very few urinary symptoms. He had to get up two or three times in the night to micturate but he had practically no frequency during the daytime. On rectal examination I found a hard, nodular, fixed prostate slightly tender. On further examination, in hospital, I found a large mass of fixed, hard glands in the right supraclavicular region. The patient suffered from sciatica of the left side but in hospital the only local symptom he had was pain in the penis just before passing water. In a skiagram taken at that

time the whole of the pelvis had a woolly appearance (fig. 1); the outline of the bony pelvis was fairly regular. The patient could urinate freely and had a good stream. I did not pass a sound or catheter lest I should set up a train of symptoms with which I might have to deal drastically. Under three treatments with deep X-ray therapy the swellings in the supraclavicular glands disappeared. He had no urinary symptoms, yet he gradually became weaker and more cachectic. As shown in the skiagram, the bodies of the lumbar vertebræ are also infiltrated with carcinomatoses.

(II) The second case is even more interesting. The patient had been in Australia for over fifteen years. In July, 1927, he became depressed, and, as he states, "lost his vitality." In September, 1927, he had a little trouble with micturition. It was slow in beginning, but afterwards there was no pain and he passed his water easily. He came to England in July, 1928, and in August he was examined by X-rays in a London hospital. Nothing abnormal was discovered. Medicine was prescribed and the patient was told to return in a fortnight's time. Later on pneumonia and rheumatism developed and the patient went to Torquay where he remained until February, 1929. On his return to London he went again to the hospital but nothing organically wrong was found, and, on this occasion, he was advised to have electrical treatment, massage, etc.

A catheter was passed, but there was no obstruction or sign of bladder trouble. A week later he came to St. Paul's Hospital with acute retention, the bladder being distended as far as the umbilicus. I found a small hard nodule in the right lobe of the prostate. The gland itself was freely movable and was not enlarged.

I tentatively diagnosed malignant disease of the prostate.

The skiagrams in this case show the same woolly appearance, indicating definite carcinomatoses (figs. 3 and 4).

On cystoscopic examination, all I could find in the bladder was a chronic cystitis. There was no obstruction to the sound or to the cystoscope. There were no signs of malignancy in the prostatic urethra. The only thing I could note was a sclerosis of the floor of the prostatic urethra below the verumontanum.

The patient has now undergone a suprapubic cystotomy for permanent drainage and he will later have a course of deep X-ray therapy.

These cases show how difficult it is to diagnose malignant disease of the prostate from clinical findings, whereas the radiographic appearances definitely confirm any suspicion. I intend, in future, in all my cases of enlarged prostate, to have the patients examined by X-rays for any possible evidence of secondary metastases in the pelvis and vertebræ.

I believe that this constitutes a new field in the diagnosis of cancer of the prostate and also a guide to further treatment of these cases.

Mr. KENNETH WALKER said that he had had the opportunity of examining this patient under an anæsthetic. The prostate was not enlarged, irregular or fixed. In one lobe could be felt a small, hard area the size of a pea but otherwise its consistency was not unduly indurated. Had he made the rectal examination under less favourable conditions, he might have considered the case to be an example of fibrous prostate occurring in an elderly man. No surgeon could be blamed for missing the true diagnosis, and yet X-ray examination revealed these extensive secondary deposits in the iliac bones. The moral to be drawn was that radiography must be employed in all cases in which there was the slightest suspicion of carcinoma of the prostate.

Sir John Thomson-Walker gave a moving-picture demonstration of various operations which he had performed during the past year—including suprapubic prostatectomy, litholapaxy, and internal urethrotomy.

The exhibitor said that these films were not shown for discussion of the operations, which were of the kind performed by all the members of the Section, without any real difference of technique. The point illustrated was the value of moving pictures —with the addition of sound reproduction—for educational purposes. The profession was on the threshold of a great deal of change in the methods of instruction in universities and teaching hospitals. It was impossible to show to every student every kind of case and every variety of operation, but by this moving-picture method six operations could very well be shown in the course of an afternoon, and could be better seen than when observed in a crowded theatre. The sound record, just demonstrated, was, he believed, the first of its kind to be produced in the profession. It was purely experimental, and there was no claim that it was perfect. It was hoped, however, that there would be progressive improvement along these lines.