

Nævus of Bladder.—SYDNEY MACDONALD, F.R.C.S.

This was excised in June, 1929, from the bladder of a male patient, about 33. The only symptom was a slight terminal hæmaturia, beginning about a month previously. Cystoscopy showed the tumour, apparently a nævus, growing from the left upper quadrant. Microscopically, the tumour is a cavernous angioma.

Carcinoma of the Bladder arising in the Urachus.—A. CLIFFORD MORSON, F.R.C.S.

This specimen is of remarkable pathological interest. The patient is a man aged 44, with the usual symptom of a growth of the bladder, namely, a painless hæmaturia. The tumour was removed by the endothermy knife.

The section shows an atypical neoplasm containing colloid material. Ewing, the pathologist, states that colloid carcinoma never arises primarily in the bladder, but is always secondary to a growth in the intestinal tract. In this patient there seemed to be no evidence of a primary tumour in the bowel. Part of the urachus was patent and full of growth. The remainder of the urachus was about the size of the vas deferens, and extended from the umbilicus to the commencement of the growth. As the tumour was removed only a week ago, there has not been time to go carefully into the pathological side of the case, but it was believed to be a very rare specimen.

Postscript.—The patient, eight days after operation, suddenly became unconscious, and died on the eleventh day. At the post-mortem examination, performed by Dr. Richmond Lane, the primary growth, a chordoma, was discovered between the fifth lumbar vertebra and the sacrum. Death was caused by a metastasis in the occipital lobe of the brain.

Further details of the unique tumour will be published at a later date.

Pyelography in Renal Tuberculosis.—A. WILFRID ADAMS, M.S.

I am showing specimens and pyelograms of a series of four cases illustrating pyelography in different degrees of tuberculous invasion of the kidney.

(1) V. S., male, aged 23. Eight months scalding pyuria. Bladder urine contained pus and tubercle bacilli. Segregated urine showed pus only on both sides. Pyelography of both kidneys showed definite excavation of cortex of right kidney only, $\frac{1}{3}$ in. in diameter, thus supplying the requisite clue for the side requiring nephrectomy. Operation (April, 1929): The split kidney exhibited the cavity indicated by pyelography. Now (November, 1929), apart from the history, the patient's doctor would pass him as a "first-class life." No constitutional disturbance followed pyelography.

(2) E. F., female, aged 23. Four months' dysuria. Urinary segregation pointed clearly to tuberculosis of the right kidney, and pyelograms confirmed the presence of a large cavity in the upper pole of that organ. The right kidney was therefore removed. No constitutional effect from pyelography.

(3) M. S., female, aged 25. Six months' dysuria and lumbar ache. Tender lump in right loin and pyrexia. Pus and tubercle bacilli were present in both kidneys but a normal structure shown in the left pyelogram led one strongly to advise removal of the grossly excavated right kidney. This operation was carried out in October, 1928, and now (November, 1929) the patient is extremely pleased and is looking a picture of health. Increased pyrexia followed pyelography but did not prevent good primary healing of the wound.

(4) F. C., female, aged 38. Right-sided pain for many years. Severe cystitis and tubercle bacilli in urine (1914). Still pain and slight frequency—and partial incontinence—of urine at times (1928). Chromocystoscopy revealed left-sided efflux only. On the right side, the tip of the catheter lodged in a slight depression, presumably the vestige of an obliterated ureteric orifice. The left pyelogram was normal. At operation