

Dr. Gibbes examined this tumour, and reported upon it as follows:—‘This tumour appears to be an hypertrophy of the submucous coat of the bladder. The muscle appears normal, but the tissue inside it is composed of dense bands of fibrous tissue, which are irregular in direction, and which have here a macerated or sodden appearance, as if there had been great œdema into them. Nearer to the epithelium the fibrous tissue is much finer, and directly under the epithelium it has a reticulated appearance, exactly resembling granulation-tissue in the bottom of a healing wound. The epithelium on the surface resembles that of the normal bladder in every respect. The blood-vessels in the depths have very thick walls, and are surrounded with round cells in some places. The capillaries run directly to the surface, generally without branching, and are there ruptured in many places. They are also ruptured in some parts of the deeper tissue, and there are many spots of extravasated blood. There are collections of round cells, and numerous irregularly shaped large cells, in some places resembling “lymphoid” tissue, and these are arranged in round or oval masses.

‘There are no papillomatous or “villous” growths in that portion of the tumour examined.’

The microscopic drawing, Plate V., was taken from the above described tumour.

TABLE OF CASES OF OPERATION FOR
VESICAL TUMOUR.

TABLE OF TWENTY CASES OF OPERATION FOR VESICAL TUMOUR BY SIR HENRY THOMPSON.

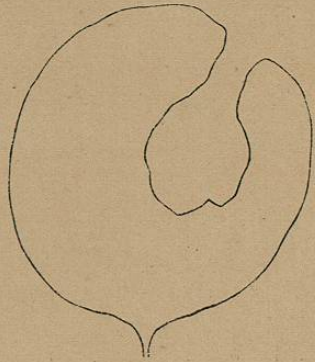
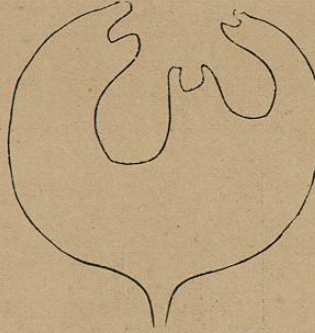
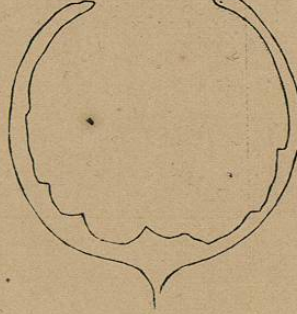
Date of operation	No.	Case	Age	Duration of symptoms	Earliest sign observed	Result of urine examination	Complication with calculus	Nature of tumour	Operation and result	Diagram of form and situation of tumour
1880, Nov. 6	1	T. R.	29	3½ years	Blood in the urine	Not examined, no growth being expected; the operation was made for a supposed encysted calculus	A small oxalate of lime and phosphatic calculus crushed	Fibro-papilloma	Single polypoid growth; removed at base by forceps. Dr. Paggi, of Florence, Dr. Seegen, of Carlsbad, and Mr. Ceeley, of Aylesbury, present. Rapid recovery. Living and well, spring 1884	
1882, May 9	2	Mrs. F.	30	6 "	"	Ditto	—	Fibro - papilloma: with 'club-shaped processes,' not slender papillæ or 'villi' (Mr. S. Boyd)	Polypoid growths; removed by forceps; recovery rapid. Seen with Dr. Philson, of Cheltenham. February, 1883. Removed a small growth which I had been unable to grasp at first operation for want of forceps acting laterally; she was well in a few days and returned. 1884, April 17: heard that she is quite well; there is no frequency of passing water; no pain; after exercise a trace of blood is sometimes seen	
Nov. 3	3	B. G.	46	1 year	Frequent micturition; blood much later	Much large cell-growth; various forms	—	'Perhaps intermediate between papilloma and sarcoma.' Probably belonging to the group termed below 'transitional' (Mr. S. Boyd)	Very large; almost entirely removed by forceps; great hæmorrhage; died few days after operation; no autopsy permitted; probably some giving way of bladder at base of tumour	

TABLE OF TWENTY CASES OF OPERATION FOR VESICAL TUMOUR BY SIR HENRY THOMPSON (continued).

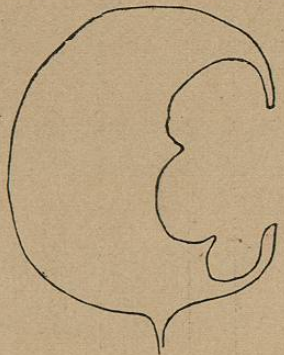
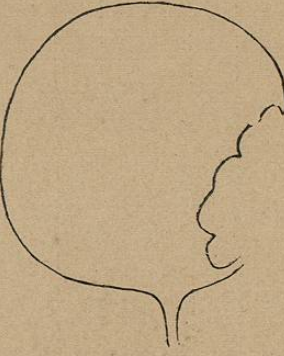

Date of operation	No.	Case	Age	Duration of symptoms	Earliest sign observed	Result of urine examination	Complication with calculus	Nature of tumour	Operation and result	Diagram of form and situation of tumour
1882, Nov. 20	4	Dr. M.	52	5 years	Blood in the urine	Shreds formed of fusiform cells	—	The base of the growth contains unstriped muscular fibres not continued into the filiform processes, which arise in great number, and form long villi. Normal bladder tissue with fimbriated papillæ (Dr. H. Gibbes)	Rather broad-based growth, springing from side of the bladder. Seen with Dr. Geo. Johnson. The patient was free from bleeding for nearly six months after operation; then little blood seen after a seven miles' walk, and continued. In June, 1883, I made a slight exploration and removal, followed by relief. On February 10, 1884, I again explored, and removed a larger quantity than on either previous occasion; the bleeding had been very severe during the preceding two months. He made a slow recovery, being much exhausted prior to the last operation	
1883, Jan. 17	5	E. K. G.	67	6 "	"	Ditto	A small uric acid calculus crushed	Papilloma; resembling structure of 'soft warts' (Mr. Shattock)	Sessile, and partially removed. Returned to Cape; probable reappearance of the tumour. Heard of his death there subsequently	
" 30	6	T. F.	67	3 "	"	Numerous fusiform cells and fibres	—	Epithelioma (Dr. H. Gibbes)	Broad and sessile; removed much of it. Signs of reappearance of tumour in the spring; and in the summer he died	

TABLE OF TWENTY CASES OF OPERATION FOR UTERINE PAPILLOMA BY SIR HENRY THOMPSON (continued).

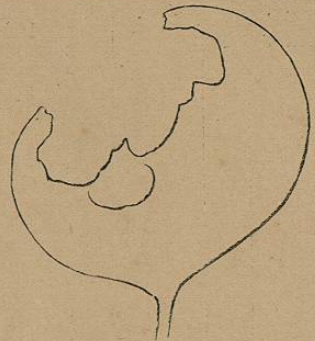
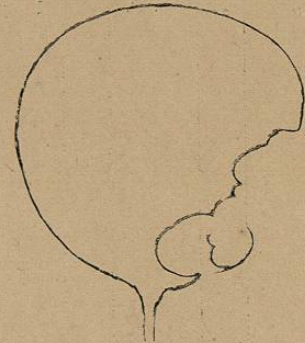
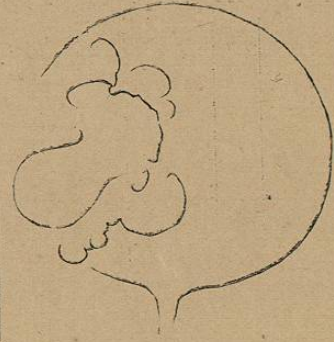
Date of operation	No.	Case	Age	Duration of symptoms	Earliest sign observed	Result of urine examination	Complication with calculus	Nature of tumour	Operation and result	Diagram of form and situation of tumour
1883, Feb. 8	7	W. W.	63	7 years	Blood in the urine	Well-marked villous growth	—	Fimbriated papilloma chiefly; very vascular (Dr. H. Gibbes)	Rather broad-based polypoid growth; freely removed. He was so weak with long-continued hæmorrhage, I almost feared to operate. Living and well in the spring of 1884, working as a bargeman on the Thames. Seen with Dr. Geo. Johnson	
„ 21	8	J. M.	64	1 year	„	Never found any characteristic débris in urine	—	Composed of normal bladder tissue; fimbriated papillæ ('villi') abundant: no structure resembling malignant growth was found (Dr. H. Gibbes)	Broad and sessile; removed rather freely. Died two months after with secondary malignant growth in thigh. Seen with Dr. Harvey, of Bayswater	
„ 27	9	Mrs. O'R.	65	7 years	„	Large spindle-shaped cells	Calculus in left kidney, large; both kidneys diseased; pyelitis	Papilloma (Mr. Eve)	Large tumour, freely removed, leaving the base, which was broad. Died three days after with suppression of urine. Seen with Mr. Thurland, of Wilmington Square, with whom autopsy was made. Kidneys much diseased; large calculus in the left	

TABLE OF TWENTY CASES OF OPERATION FOR VESICAL TUMOUR BY SIR HENRY THOMPSON (continued).

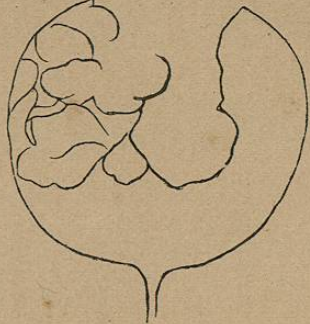
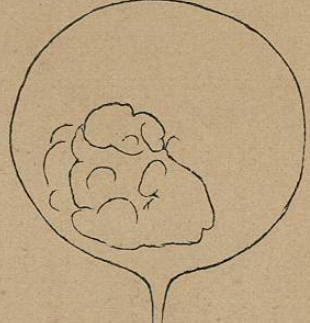

Date of operation	No.	Case	Age	Duration of symptoms	Earliest sign observed	Result of urine examination	Complication with calculus	Nature of tumour	Operation and result	Diagram of form and situation of tumour
1883, Mar. 3	10	J. S.	53	2½ years	Frequent and painful micturition. Blood at later stage	No characteristic débris found	—	Tissues like those forming the wall of the bladder, with fimbriated papillæ (Mr. Shattock)	Large hard tumour partially removed; largely involving the coats of the bladder. Died few days after operation. Sent to me by Dr. Maguire, of Holyhead	
„ 30	11	W. D.	65	1 year	Blood later	Numerous long cells and fibres	—	Tissues like those of the walls of the bladder, and some papilliform growth in small quantity on surface (Dr. H. Gibbes) Fibro-papilloma	Sessile; firm; removed salient portions. Died fourteen days after operation, of exhaustion. Seen with Mr. T. W. Mason, of Regent's Park	
May 4	12	C. C. S.	56	2 years	Pain first; blood later	Nothing found	—	Example of growth termed 'transitional.' The structure resembles a 'hypertrophy of the submucous coat of the bladder; collections of round cells in some places resembling lymphoid tissue; no papillomatous growth present' (Dr. H. Gibbes)	Tumour firm, sessile; inseparable from walls of bladder; removed salient portions only. Living; symptoms relieved at present; probably from drainage of bladder. 1884, May 10: came to see me; washed out many small phosphatic concretions with great relief. Tumour not much increased; occasionally some blood in urine; on the whole the symptoms not worse	

TABLE OF TWENTY CASES OF OPERATION FOR

Date of operation	No.	Case	Age	Duration of symptoms	Earliest sign observed	Result of urine examination	Complication with calculus
1883, May 9	13	T. Q.	52	4 years	Frequent micturition and pain. Blood seen two years ago	Passed mass, the size of large pea, of soft fleshy material in urine; when examined by Dr. H. Gibbes appeared to be portion of growth, composed of normal vesical elements	None
June 27	14	A. G. S. C.	57	" "	Frequent micturition: soon after an attack of bleeding	No cells of suspicious appearance found in the urine	—
July 7	15	J. H. B.	40	3 "	Blood seen at the first; now daily and profuse bleeding. Micturition never very frequent	No evidence obtained from the urine	—

VESICAL TUMOUR BY SIR HENRY THOMPSON (continued).

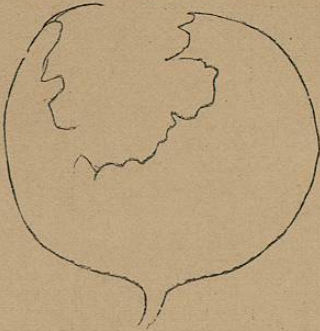
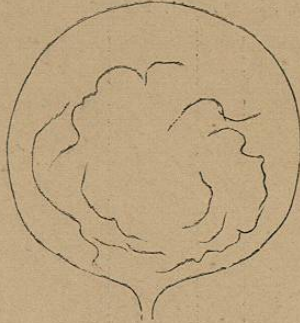
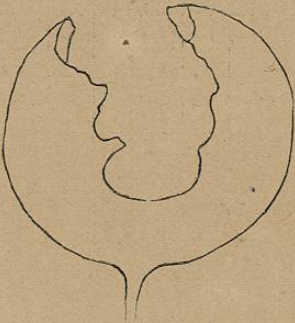
Nature of tumour	Operation and result	Diagram of form and situation of tumour
Made up of unstriped muscular fibres, with numerous tubes and crypts lined with columnar epithelium; probably malignant (Dr. H. Gibbes)	A soft growth, removed to the base. Much bleeding up to second day; became feverish, indisposed to take food, and gradually sank on the twelfth day. Mr. W. Adams, of Regent's Park, was present at the operation	
Made up of unstriped muscular fibres; numerous small cells interspersed; numerous fimbriated papillae (Dr. H. Gibbes)	Sessile growth, implicating the walls of the bladder, and could only be partially removed. Rapid recovery. Dr. Weir, of New York, was present. Had no bleeding for two months after operation. April 17: micturition frequent and painful; much blood at times; the growth evidently increasing	
The body of the tumour made up of normal elements of the vesical walls with here and there infiltration of small round cells. Abundant fimbriated processes, 'villous' from every part	A rather large polypoid growth removed entire at once. Recovery rapid. An assistant to Dr. Bell, of Rochester. Professor Holmer, of Copenhagen, present. He was so reduced by persistent hæmorrhage, that I operated with great reluctance. 1884, April 20: he writes that he is actively employed, but has seen after exercise 'occasionally a few drops of blood, just as he did three or four years ago;' 'health good'	

TABLE OF TWENTY CASES OF OPERATION FOR UTERINE TUMOUR BY SIR HENRY THOMPSON (continued).

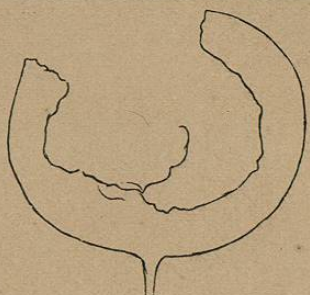
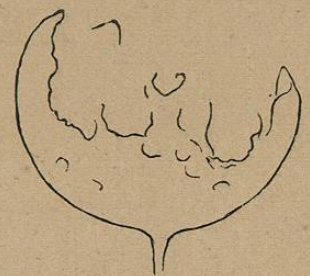


Date of operation	No.	Case	Age	Duration of symptoms	Earliest sign observed	Result of urine examination	Complication with calculus	Nature of tumour	Operation and result	Diagram of form and situation of tumour
1883, Nov. 16	16	T. S.	42	8 years	Attacks of hæmaturia; of late micturition frequent	Shreds of tissue passed, made up of spindle-shaped cells and fibres with nuclei on them	—	Normal structure of bladder covered with fimbriated papillæ; but groups of small cells are seen in places in the substance of the papillæ (Dr. H. Gibbes)	Growth like a cauliflower, from rather wide base; removed all but the latter; A good recovery. Seen with Mr. Woodcock, of Knutsford, Cheshire, who was present at the operation. 1884, May 10: called on me. He attends to the active duties of his profession as land-surveyor, but after more exercise than usual sees a little hæmorrhage. Has been busily occupied some days in London and seen no blood; no frequency or pain in micturition	
1884, Feb. 5	17	D. of B.	50	nearly 4 years	Attacks of frequent and painful micturition, with little blood	Shreds of tissue washed out show villous structure	—	Normal structure of bladder, with numerous large papillæ, from which spring the long fimbriated processes in abundance; a few leucocytes seen (Dr. H. Gibbes)	A firm broad-based growth from the back of the bladder; from which I removed the salient portions; and it appeared to me that a suprapubic operation would not enable me to remove the tumour entire. June 3: symptoms now very slight; no pain; walks three miles without seeing blood	
Mar. 12	18	W. G.	69	—	Blood occasionally seen eight or ten years ago; last four years very often; frequent micturition only recently	Shreds of tissue washed out show numerous large nucleated spindle-shaped cells	—	Normal structure of bladder chiefly; no long papillæ or 'villi,' but broad papillæ covered with stratified columnar epithelium (Dr. H. Gibbes) Fibro-papilloma	A broad-based sessile mass, of firm consistence, involving the coats of the bladder; it would be useless, therefore, to propose suprapubic operation. Removed two or three salient portions. He gradually sank, about three weeks afterwards. Seen with Dr. Geo. Johnson, who was present at the operation	

TABLE OF TWENTY CASES OF OPERATION FOR VESICAL TUMOUR BY SIR HENRY THOMPSON (continued).

Date of operation	No.	Case	Age	Duration of symptoms	Earliest sign observed	Result of urine examination	Complication with calculus	Nature of tumour	Operation and result	Diagram of form and situation of tumour
1884, April 4	19	F. J. O.	58	9 months	Severe bleeding first	Nothing found in the urine	—	Normal structure of bladder chiefly; groups of small round cells; some like inflammatory cells: resembling Cases 12, 14, and 16: and regarded as 'transitional.' No long papillæ (Dr. H. Gibbes)	A firm broad sessile tumour, with very slight lobulation; could not be separated from walls of the bladder. Removed a small portion for examination. Wound soon healed. Seen with Dr. Dove, of Pinner	
May 30	20	R. S. R.	63	15 „	Bleeding after exercise was the first sign	Fragments removed from the bladder by the aspirator, nothing being found in the urinary deposit by simply washing out	—	Normal structure of bladder, covered with columnar epithelium; under latter, round cells like 'lymphoid tissue;' somewhat uncertain (Dr. H. Gibbes)	A firm multilobular tumour, with broad peduncle, which was removed almost level with the walls of the bladder. Dr. Shippen, of New York, and Dr. Charamis, from Paris, present. Recovering rapidly. June 7, 1884	