

bladder must be regarded as suspicious; any tendency to a greater solidity with close packing, or stunting, of the papillæ, or a swollen appearance, is suggestive. Sessile growths are more frequently malignant than those with freely waving pedicles. Very large or multiple growths also demand close scrutiny: they have probably been present in the bladder for a considerable time, and consequently are more liable to show malignant changes.

Papillary carcinomata and malignant papillomata, in which the neoplasm has spread into the layers of the vesical wall in addition to the above cystoscopic appearances, may also exhibit signs which are due to thickening of the mucosa and to interference with the lymphatic system of the bladder wall. The infiltration of the vesical wall causes a lessening of the mobility of the growth when manipulated with endovesical instruments through an operating cystoscope; the lymphatic involvement causes a greater or less extent of the mucous membrane surrounding the site of growth to become thickened and œdematous. Such areas are liable to be attacked by microbic infection and intense cystitis may occur, and degenerative changes in the growth may cause a surface necrosis on which phosphates and muco-pus tend to be deposited.

If the diagnosis remains doubtful after having considered the above points, it is sometimes permissible to remove a portion of the growth for microscopical examination by means of cystoscopic forceps. Objections to this procedure have been raised on the ground that it is liable to cause dissemination of the neoplasm. Such, however, is not the case provided that the spot from which the portion is removed is immediately subjected to cauterization by the diathermic electrode.

(To be continued.)

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### In Memoriam.

HERBERT WILLIAM CARSON,  
F.R.C.S.

October 9, 1870—August 31, 1930.

THE following account of the professional life and work of Herbert Carson is written for the *Post-Graduate Medical Journal* in response to an editorial wish for some memorial by one of Carson's oldest fellow-workers and friends. If what is written should seem to some to be lacking in judicial detachment, it may be remembered that our friend left us only one short month ago.

Carson's strictly professional career was quite simple. After leaving St. Bartholomew's Hospital, where he was trained, and without holding any resident appointment there, he became, shortly after qualifying in 1896, House Surgeon in the most northerly of the London general hospitals—that at Tottenham.

He was made Assistant Surgeon in 1897 and Surgeon-in-Charge of the Ear, Nose and Throat Department in 1899, having in the meantime taken the F.R.C.S., and having worked as Clinical Assistant both at St. Bartholomew's Hospital, under Sir Anthony Bowlby, and at the Golden Square Throat Hospital; he was made full Surgeon in 1904, and at the time of his death had been Senior Surgeon for several years. He resigned charge of the Throat Department at Tottenham after twelve years' service, and then became avowedly a general surgeon, although, as time went on, he became especially interested in abdominal surgery.

His literary output in surgery was not copious, but it was certainly not without distinction. It included a small work on *Surgical Diagnosis*; the editing of a two-volume system, entitled "*Modern Operative Surgery*," which, appearing in 1924, contained important contributions by himself on abdominal surgery; the editing of the tenth edition of Pye's "*Surgical Handicraft*," which similarly contained sections

by himself; also numerous post-graduate lectures, original papers in the medical press, including the *Post-Graduate Medical Journal*, papers in the transactions of various medical societies, encyclopædias, and the like—all, or nearly all, on surgical subjects and mostly treating of the surgery of the abdomen.

The social side of his profession (or one might say its Fellowship side) had always a strong attraction for him. So long ago as 1900 he helped to found the North-East London Clinical Society at Tottenham, of which he was Honorary Secretary for several years, and twice President. He was for many years on the Council of the Hunterian Society, and, becoming its President, he delivered the Hunterian Oration on "Peritonitis"; for two years he was Honorary Secretary of the Medical Society of London; in 1927, to his great gratification, he was elected to its Presidency, and after retiring was appointed Honorary Treasurer to the Society.

He was an Honorary Secretary of the Surgical Section of the Royal Society of Medicine, member of Council, and at the time of his death one of its Librarians.

He founded the Prince of Wales's Hospital Reunion Association which, under his inspiring supervision, proved eminently successful in promoting social intercourse and friendly feeling between his professional brethren connected in some way with the hospital.

He had many friends and many good helpers but far and away the most important

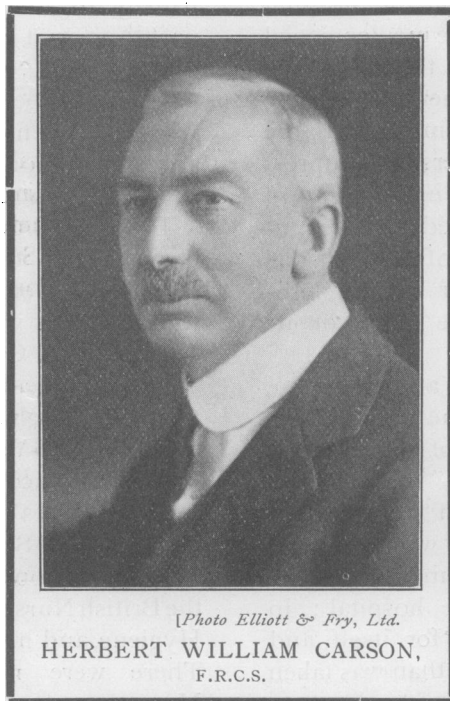
helper, one of inestimable value in the accomplishment of his life's work, was his wife, a helpmeet indeed during his most strenuous years and later (if, indeed, he ever became less strenuous), and to her our respectful sympathy and admiration are proffered.

Post-graduate work in his earlier professional life was conspicuously second to his hospital interests, and in some degree there was always this precedence; but in his later years, for any casual observer, this would have been difficult to detect.

With three others he helped to found the North-East London Post-Graduate College at Tottenham, and no doubt, as in the case of the North-East London Clinical Society, his wide acquaintance with the local profession was a valuable asset. Except for a few intermediate years he was continuously an actively working member of the Executive Committee of the School, and later he was Chairman of Council, and President during the last year of his life.

He took a full share of the actual teaching by lecture, demonstration and ward clinic, but he shone most in the out-patient department, where he continued to work up to the end, and next in the operating theatre.

From the date of the foundation of the Fellowship of Medicine and Post-Graduate Medical Association, Carson took a deep interest in its affairs. He joined its Executive Committee some seven years ago (in 1923) and remained one of its members until eighteen months ago, when he became its Chairman. "One of its members," and



yet he was more than that, for during nearly the whole of the time he was, in effect, an Honorary Secretary for overseas work, and up to the time of his death he laboured to develop that approach and co-operation between post-graduate London and the distant parts of the Empire which the Fellowship of Medicine has ever had at heart. This, indeed, may be considered to have been his greatest contribution to post-graduate education.

More impressive, however, than the post-graduate teacher and worker, the hospital surgeon and administrator, the medico-social enthusiast and organizer was the man himself. And as this notice is meant primarily for post-graduates and members of the Fellowship of Medicine, a personal impression of the man, however imperfect and incomplete, seems to be called for, particularly as he was the first official of the Fellowship, being a member of our profession, who has died in the midst of its service.

His devotion to the hospital at Tottenham, and he gave his life to it, as he himself said, was the outstanding feature of his working life.

Then came his enthusiasm for the post-graduate ideal, but at first it was cultivated chiefly because he thought it maintained the dignity and influence of the hospital; in later years it was cherished for itself, and with possibly a wider outlook than was taken by the majority of his colleagues who may have been as deeply interested in post-graduate matters.

Then came his passion for his surgical work. He was the hospital surgeon to his finger-tips. Although he was Consulting Surgeon to the Hertfordshire County Hospital at Hertford, and the Cottage Hospital at Welwyn, his chief concern was the hospital at Tottenham.

Next presents his humanistic instincts: he was the good fellow-worker, the good comrade, and the man of good-fellowship in the wider sense. It is doubtful if he ever

waived aside an appeal from one in woe; indeed, on second thoughts the present writer thinks it is not doubtful.

Lastly, and most outstanding of all, there was his magnetic personality. In fact, one would-be facetious and railing friend once charged him with being hypnotic, which he gravely disavowed. He invariably tried to avoid antagonizing people, his natural instinct being to please as far as possible and, in his characteristically generous way, to appreciate their point of view. He was usually an advocate rather than a judge, a partisan, or it might have been the champion of a side, rather than an umpire.

It might be truly said of Carson that, whatever his mood, he was always the man and always, or nearly always, even when most annoying, the lovable man.

Beyond all analysis he appealed to one's heart, and in that guise he will surely live long in our memory. Remembering what he did as well as what he was, may we not say—Well done, Carson, well done!

At the funeral service held at All Souls Church, Langham Place, our President, Sir William Hale-White, represented the Fellowship of Medicine, and there were present representatives of the Royal Society of Medicine and its Surgical Section, the Medical Society of London, the Hunterian Society, the British Nurses' Association, the Institute of Hygiene, and his Mason's "Alliance" Lodge. There were representatives also of the Management of the Prince of Wales's General Hospital; members of the Honorary Staff, old in standing and recently joined, past and present house men; post-graduates from Home and Overseas, country doctor friends and others; and Matrons, past and present, with perhaps thirty of the Nursing Staff of the hospital.

A. J. W.