

the ureter, which stands open like a gaspipe. You stick a catheter into it. There may be a whole lot of room beside the catheter. It don't mean a tubular ureter. I have seen it in ureteritis from stone. Then there is another condition that is almost pathologically like this. It is shrinking of the ureter. When the ureter shortens it pulls the bladder out. You look it over and see the funnelled appearance of the bladder, and you cannot see any ulcer. That means a tubercular condition ninety-nine times out of a hundred. These are some of the special conditions found in the bladder which indicate tubercular disease. Of course, the bacilli in the urine is the proof positive. But you cannot always find it if it is there. It is not always there. That is in cases where there are old, dead kidneys. Then you do not find the bacilli in the bladder. It runs from seven to eight out of ten cases that we do find it. In every one of these cases the diagnosis has been made as tubercular by the bladder appearance, together with the history of the case. If you get the history you will find that frequently urination is the only symptom. At one time I looked it over—I have not lately—and at that time I found that thirty per cent. of our cases never had a pain or an ache of any description. Sometimes the neurotic cases complain of pain. If they have no pain don't exclude tuberculosis, and don't expect them to be emaciated, hectic, etc. In these cases the bad kidney is dead, and the other kidney has taken up the work until it is a great, big kidney. Don't think because it is a tumor of the kidney even that it is too large. Many of these cases will come in complaining of frequent making in water, and they have a big kidney. There is every reason to suppose that the other kidney has ceased to be a kidney years ago. It is nothing but a shell, and you have a great, big, hypertrophied kidney on the other side doing the work of two. We have learned a great deal in the past few years about operating on these cases. The time was, in certain cases of extra-uterine hemorrhage, that a woman was sent off to the hospital and immediately operated upon. Now we know that not one of five hundred will bleed to death. Of course they may get pretty anæmic and lose a whole lot of blood, but they generally come out all right. It is seldom that they die. And, speaking of tubercular kidney, we don't believe it is necessary to operate in every case of tubercular kidney. There is no reason to believe that tuberculosis of the kidney has not been cured, but the point I want to impress upon you is: don't spend too much time trying to cure kidney tuberculosis, but keep track of it. Know about how much urine and what kind of urine there is, and