

the lateral walls become visible, while the trigone and posterior walls are seen when the beak is directed downwards. Normally the mucosa is of a reddish-yellow color, with fine branching blood vessels not unlike the fundus of the eye. The surface is clear and has a glistening appearance due to the highly refractory surface. The trigone is smooth and darker in color than its adjacent areas, from which it is sharply marked off. Its base coincides with the inter-ureteric bar, which usually stands out definitely and distinctly and presents at either extremity the ureteric orifice. If the beak be pushed somewhat farther back after examining the inter-ureteric bar, the characteristic difference between the trigone and posterior wall will become evident, the latter showing the usual color but presenting numerous fine trabecula, with very often minute sacculations between—a picture in miniature of an hypertrophied bladder following long-standing urethral obstruction. Most commonly the ureteric orifices appear as more or less transverse slits about an eighth of an inch in length, and of a distinct red or deep pink color. The surrounding area is several shades lighter in color, and a vessel can often be traced directly into the opening. In some cases the edges appear to be slightly thickened, but if that be the normal then one should find the opposite opening in a similar condition. Rumpel's artist paints the normal ureteral orifice as of semilunar shape, and not upon one occasion but upon all. Unless a lens of different make is used in his instrument this is certainly an error. True, it may appear more or less oblique, instead of transverse, but that depends entirely upon the relative positions of the instrument and the opening. If the bladder be only moderately distended the orifice may present as an opening upon a truncated cone with the base apparently directed upwards and inwards. Watching one of these openings, one will observe from time to time—about once every ten or twelve seconds, the time varying considerably in health—that the area immediately surrounding the orifice swells up and draws itself together. Suddenly the slit opens till it assumes an oval contour and a swirl of fluid is emitted, producing eddies in the medium similar to the injection of glycerine into water. During the efflux, which lasts about two seconds, the opening and extremity of the inter-ureteric bar are forcibly pushed forward so as to approach the cystoscopic prism.

The older writers, and some modern authorities as well, were in the habit of giving a considerable number of contra indications to the use of the cystoscope, including among the number prostatic enlargement, tuberculosis of the bladder and the various forms of cystitis. Keyes says that the cystoscope should not be used for the