

of cases that have a certain amount of conflicting elements. In how many cases, you just happen to think of it, and ask him about his bladder, and he tells you about spells he has had and in some cases you find the urine looked like blood. You cannot turn your case right off and say there is nothing the matter with that right kidney. The only way to find out is to look and see. Then there is a class of cases which come to you with tumor in the side which may appear to be a gall bladder and may appear to be like a kidney. How are you going to determine which it is? It may be any one of three or four things. It may be a moving kidney. It is pretty hard sometimes, and the only way I know of is to go to the bladder and see if there is healthy urine. If so, you can be reasonably safe in saying the tumor is not a kidney. There are very few exceptions when you get healthy urine from a tumor of the kidney. Hypernephrosis may produce blood. It is another thing when there is not enough kidney left to produce blood. A tumor in the side, in connection with this, is another thing in which the clinical history would be of more value than anything else. Most kidney tumors are movable, so if there is pain in the side and healthy urine you can make up your mind that this tumor is not of the kidney. It is a lot of satisfaction to be able to say that, lots of times.

Sometimes hypertrophy of the kidney is caused by a tubercular condition in the other kidney. In many cases of a tubercular kidney, there is an absolutely healthy bladder. The great majority of the cases have something in the bladder to indicate the trouble. Then what do you find? In the first place, there are small red spots which are circumscribed, and the healthy mucous membrane comes right up to the spot, very different from the spots in the neurotic woman's bladder. They blend out to the natural color of the mucous membrane. Now, this condition may be a sort of lupus, like that on the skin, which never gets any farther. I am inclined to think that these spots are the same things that produce ulcers. I have never had a case in which I could observe the different steps. I see the different conditions in different cases. When the ulcer comes it is clear-cut. The ulcers are red or gray. Most of the cases I have seen have been red, although the doctors say they are gray. Nothing else will produce anything like that kind of an ulcer. The ulcer appears red, and if you touch it it bleeds: rubbing will produce a hemorrhage. These ulcers may be at the spot where the dropping of the urine leaves a sediment. There may be trouble in the urethral meatus, but I do not know of as many cases of this as of vesical ulcer. Sometimes there is a stiff wall over