

fants, where often the testicle is invaded before the epididymis. In the epididymis and testis acute tuberculosis may be part of a general acute tuberculosis, or may be a limited disease, and then usually involves the testicle first, and leads to the rapid destruction of this organ, with early extension to the epididymis. In the other local form, which is more common, the process is chronic, affects the epididymis, either invading the connective tissue outside the vas, or commencing in the interior of the duct. Beginning in globus major or minor, it spreads quickly to testis and to cord, involving later the vesiculæ seminales and prostate. The treatment of tuberculous epididymitis may be nonoperative or operative. It is certainly the case that a considerable number of cases of tuberculous epididymitis become quiescent, either without suppuration, or after suppuration has occurred, and the thickening may after a time completely disappear. This is, however, difficult to fortell in any given case, and it is to be noted that there is a tendency in all for the disease to spread to other parts of the genito-urinary system, or to the other side, even where the primary disease is improving.

Non-operative treatment is indicated in very chronic cases, or when other parts of the genito-urinary system are already affected. It consists in good hygiene, support to the testicle, and avoidance of injury. Cod liver oil, guaiacol and iodoform may be given. Operative treatment consists of scraping and epididymectomy, and of castration. In early cases epididymectomy may be classed as a radical operation. This method was first advocated by Bardenheuer, and Cheyne gives a description of the technique, and advises that the vas deferens should always be removed as high as possible. The relative merits of castration and epididymectomy are discussed at some length in this paper, and Cheyne thinks that the latter operation is well worthy of more consideration than it has yet received in this country, though it is by no means applicable to every case.

Tuberculosis of the prostate is described next, and its treatment by antiseptics and injections detailed; and it is pointed out that surgical intervention is practically limited to those cases where suppuration is occurring.

Tuberculosis of the bladder, usually secondary, may occur primarily, and is more frequent in males than in females, and attacks by preference young adults, and then most commonly in the region of the trigone. The bladder capacity is diminished and its walls thickened. Treatment may be medical or surgical, but a cure by either method is not a matter of certainty though much may be done to alleviate suffering. Operative measures consist in opening