

not get to, and a stone is located there, another may be behind it. If you have been all over the area of the bladder with a cystoscope you can say there are three or four or five, as the case may be. This is a pretty hard proposition. So much for the prostatic cases. I want to emphasize the point I made first: that is, in cases where you cannot feel anything with the finger. It is impossible to get these remnants of the prostate out through the perineal opening, there almost always being a certain amount of shrinkage. We have had it happen in cases where a fair-sized opening remained, but these little remnants stuck up. These cases often would have much trouble; even with a great, big orifice they would have to use instruments to take the urine, because these little lobes were sticking up there yet. I could take old men out of bed and use the cystoscope; and often if I let them alone they will get well anyway, and these lobes will shrink up so that they can micturate all right.

Now, there is a class of cases which are not very satisfactory to anybody. These classes complain bitterly of pain in micturition. Of course, a man doing general practice will sometimes make a correct diagnosis without, but the only way to be sure is to look in and see, and we make it a fairly uniform practice to cystoscope these cases. It is the safest thing to do, and it does not take long to find out. It is the very bad cases that take longer. It is the safest thing to examine these cases and see if there is anything in the bladder or not. In connection with this, don't be deceived by certain conditions which are quite often met with; that is, red spots in a woman's bladder. I think they are sometimes a congestion or a red area produced by straining. They may have been making the urine every five minutes for a day or two, and if they come to you about that time you are apt to find a red area up near the posterior orifice. It is the part which receives the most pressure, and it is very easy to conceive that it should become red. I do not think that this is ever the cause of the trouble, but simply one of the effects of the frequent micturition. I don't think it amounts to much, but I simply mention it to prevent you from making a diagnosis of something bad. Don't make a bad prognosis of it.

There is another large class of cases which come to us complaining of pain in one side or the other, the most frequent, of course, being those which complain of pain in the right side. Some are cases of gall-stones; some are classical cases of duodenal ulcer. They are so distinct from kidney trouble that they don't need a cystoscopic examination. Between these classical cases and cases which show cystitis on the face of them there is a number