As the disease progresses, these signs—pain, tenesmus, frequency of urination and hemorrhage—increase. Later pus is always found, either scattered through the urine, as in the early stages—or in shreds, or in the large pieces of ulcerated tissue which appears still later. Large quantities of bladder epithelium are usually found with the pus or before it and point to the bladder as the seat of the disease. Before other symptoms, for several weeks or more, repeated evacuations of clear limpid urine may attract the notice of the patient.

The frequent voidance of clear urine without pain and without apparent cause, with a few drops of bright-red blood at the end of urination, or, less often, preceding it, is almost pathognomic of beginning tubercular cystitis.

The reaction of the urine is acid, although toward the end it may become neutral or even ammoniacal.

At times mucus is present in enormous amounts. As the disease goes on, the urine may become fetid and almost green in colour and contain large fragments of detritus, with blood scattered throughout the urine, instead of coming free at the end of urination as at first. This is, of course, during the period of extensive tubercular deposits and ulceration.

The ulceration may be extensive enough to perforate the bladder-wall and occasionally has sloughed through into the rectum. Incontinence may be present, but is only marked after the tubercular process reaches the neck of the bladder and the latter has been extensively involved.

The cystoscope is of great advantage if used carefully. By it the ulcers can be made out, usually about the ureteral orifices or in the trigone.—*Phila. Med. Jour.*—*St. Louis Medical Review.*

PROSTATIC GONOCOCCAL AUTO-REINFECTIONS OF THE URETHRA.

T. M. Townsend, New York, presents the following summary of his views on this question:—1. Early and vigorous efforts should be made to prevent gonorrheal prostatitis. 2. Once established, all care should be taken to prevent it from becoming follicular and chronic. 3. Auto-reinfections of the urethra from chronic prostatitis can be differentiated from acute infections. 4. An opinion on the probabilities of future recrudescences should be very guarded. 5. Each prostatic message should be immediately followed by thorough