In relation to cases in which doubt may arise it must not be forgotten that papillomatous growth may be present as a secondary growth upon another form of tumour in the bladder, so that its presence among the *débris* examined does not demonstrate the presence of a simple uncomplicated papilloma. No doubt in a large majority of cases the simple growth alone is present, but the exceptional condition is not very rare. It is on this account that I often practise and advise a small perineal incision to be made in the median line, opening the urethra in the membranous portion, so that the surgeon may introduce his index finger into the neck of the bladder. This proceeding I have recommended and much practised during the last ten years in obscure cases, under the title of "Digital Exploration of the Bladder." When the patient is thoroughly under the influence of an anæsthetic firm suprapubic pressure enables the operator in all ordinary cases to determine with his finger the size and nature of the tumour. If it be a simple pedunculated growth, as papilloma often is, the introduction of an appropriate forceps will mostly suffice at once to remove it. If, on the contrary, it is found to be large, occupying a wide base, or is otherwise evidently unfitted for treatment by the simple proceeding referred to, the suprapubic operation can be at once performed in the usual way. This I have frequently done, and have never found that the preliminary incision described interferes in any way with the subsequent operation, which is conducted precisely as if no such 'exploration' had taken place. When a large prostatic or other tumour is encountered in the rectum it is possible that the finger may not reach the bladder, and so may be incapable of exploring the cavity, but in these circumstances the "digital examination" is wholly unnecessary, the condition in question demonstrating that the case is not one of simple removable tumour, but is probably an example of malignant growth. But it may be said that the diagnosis of a vesical tumour may be readily established by means of the Leiter endoscope. I long ago tested its value, having employed not only the earlier but the latest and most improved form of that instrument. Let me say, first, that the employment of it in the cavity of the bladder involves much irritation in some