

more papillated the growth the more likely is it to be benign, while if lumpy and irregular, and especially if it is ulcerated, there is strong probability of its being malignant. The nature of the growth, however, is not the main consideration, since in eighty per cent. of the papillomata malignant tendencies are taken on, but what can be learned with more certainty is the extent of the growth and an opinion arrived at as to whether it can be successfully removed. The following is an illustrative case:—

Miss C. Aged 50. Referred by Dr. H. B. Anderson. Came complaining of hematuria. Urine contained considerable albumen at times, blood and a few pus cells. Cystoscopy—Bladder faintly congested. Right orifice normal and secreting regularly. Left seems normal in length, but the lips are thickened and of a darker color than normal. Immediately behind the left opening is a sessile tumor about five-eighths of an inch in length by rather less than one-half an inch in width. Its edge reaches to within a sixteenth of an inch of the mouth of the ureter. The growth is slightly nodular and has an incrustation of phosphates; when touched with the instrument it is seen to bleed readily. Diagnosis—Sessile carcinoma. No operation was performed and patient returned to her home.

In probably one hundred per cent. of cases of tuberculosis of the kidney the cystoscope will demonstrate some pathological condition about the ureteral orifice by the time the patient comes under observation. It is rather remarkable how many of these come complaining only of bladder trouble. In about half the cases no complaint whatever is made of renal pain, and in only one third of the instances do the patients complain of any considerable amount of kidney pain. It is probably on this account that many of these patients are for long periods treated for cystitis, and, as one would expect, without any permanent benefit. Dickenson years ago drew attention to this fact, going so far as to state that with pus in the urine and no bladder symptoms the disease is not tubercular. In the early stages the affected orifice may show nothing but slight swelling of the lips, with some blurring, yet with pyuria this is sufficient to put the operator upon his guard. Later on, when the orifice appears as a dark hole set in a whitish background, with or without ulcerated areas in the neighborhood, a dilated and atonic ureter may safely be diagnosed. Nevertheless, to dogmatize as to its cause from the appearances alone would be folly, although tubercle and calculous pyelitis are the only common causes of such a condition. An example of an early tubercular infection of the kidney is the following:—