

indicate their presence, and then when they reach a certain stage, perhaps of considerable size, hæmaturia or vesical irritability show themselves. In this period of latency the cystoscope is found most valuable, but as then the growth is likely so be small and therefore difficult to make out accurately, it is only those who have had some practice in its use that can really gain useful information.

Probably the first symptom is the presence of blood in the urine without pain or vesical irritability of any magnitude, then a period of good health, genital and vesical, with normal urine for a variable time according to the nature of the tumor—one, two and three years in a benign form, perhaps about as many months if epitheliomatous in nature.

In time, obstruction to outflow usually follows, caused either by clots of blood or by the position of the tumor as it enlarges, allowing it to act as a mechanical barrier, especially should it have a pedicle, inducing frequent desire to micturate and pain. Lastly, as time goes on, and especially if instruments are used to explore, by septic introduction or otherwise, cystitis is set up and matters assume a grave aspect. Let me give a couple of examples:

Mrs. W., age 48. Called to see in the country, under care of Dr. Brown. History was that she had been passing blood and had lithiasis for at least nine months—probably more. At first she took it to be an exaggeration or alteration of her menstrual flow; no pain; no other symptom except those consequent on the severe loss of blood. When I saw her in the evening late, she was very pale, became breathless on slight exertion; pulse weak and shaky. I was shown a number of vessels in which the urine of the previous twenty-four hours had been preserved, all of which were heavily charged with blood. I quickly made up my mind if something was not done my patient could not survive such a drain many days. Early next morning, under chloroform I, with Dr. Brown's assistance, opened the anterior vaginal wall; introduced my finger and found a small growth on the lower and back part of the bladder wall in the vicinity of the right ureter. With my finger-nail and forceps I removed it piecemeal, quite level with the surrounding mucous membrane. I put no suture in the bladder wall; it closed up. She made an excellent recovery, no rise of temperature, and has, I believe, had no hæmorrhage since. (Microscopic section.) No cystoscope with me. No time for anything but prompt action. Results justified the measures used.

Case 2.—J. J.—, aged sixty, farmer, living at Port Perry. Consulted me May 25th, 1895. Had always worked hard. Nine years ago made a journey in a buggy on a rough road in cold weather, and