

and it is overactive, giving forth a brisk efflux eleven times per minute. The trigone presented a most remarkable appearance towards the right side. There were mulberry-like projections, some as large as a cherry, others about the size of a pea, and of a white, gelatinous color. When examined from the side it was apparent that they were semi-translucent, and delicate blood vessels could be seen ramifying through them. Dr. Parker, the house physician, was able to demonstrate tubercle bacilli in a catheterized specimen, so that a diagnosis of tuberculous right kidney was easily made. Dr. McKeown, assisted by Dr. Wallace Scott, subsequently removed the organ, which was a typical example of the suspected lesion. The patient made a good recovery and has subsequently married. Another condition, beautifully illustrated by the same case, is what is known as bullous edema of the bladder, which takes the characters described above in the mulberry gelatinous masses. Kolischer first described this condition in the female bladder, his theory being that it was due to stasis from adjacent inflammatory processes. It is not peculiar to reno-vesico tuberculosis, as it has been reported in pyelitis following stone in the kidney. The poly-poid masses, which consist merely of very edematous mucous membrane, look very much indeed like new growths, and Fenwick relates that he has had difficulty in restraining certain surgeons from removing them with the knife.

When we come to discuss tumors of the bladder we have to deal, for all practical purposes, with only the papillomata and the carcinomata. Papillomata may be pedunculated or sessile. The former present as leaf-like processes—some long, others short—of a fawny color, with a central vessel plainly visible. The longer leaflets float about in the solution. The stalk is nearly always attached near one of the ureteral orifices. The bladder wall immediately around the stalk appears dark because it is in the shadow produced by the overhanging growth; otherwise the bladder will be normal unless in a later stage when cystitis has supervened. The initial symptom in most cases of bladder tumor is painless hematuria, carcinomata manifesting its presence in about one-third of the cases as an irritability of the viscus; and it is in these instances that the cystoscope is invaluable. If the hematuria is accompanied by albuminuria of such an extent that the blood cannot account for it the natural diagnosis is some primary renal condition, whereas the real origin of the trouble lies in a growth which is pressing upon the mouth of the ureter. It is never wise, in most instances at least, to express a very emphatic opinion as to the malignancy of a bladder neoplasm as seen by the cystoscope. The