

some blood but no albumen after filtering. Cystoscopy May 1910. Both ureteral orifices normal. On trigone just behind the internal meatus is an ulcer about the size of a five-cent piece. Bladder much congested about. On examining per rectum the prostate was nodular and tender, a similar condition being found in the right vesicula seminalis. There were old scars in the anterior triangles of the neck. Diagnosis: tubercular ulceration of the bladder, probably secondary to the same condition in the prostate.

The bladder changes in tuberculosis secondary to a renal infection vary tremendously according to the stage of the process. In a moderately severe case one would find the ureteral orifice corresponding to the affected kidney, patulous and surrounded by an area of ulceration with adherent debris. Farther forward on the trigone one will probably see another ulcer about the size of a ten-cent piece, while the trigone will be more or less edematous. The opposite ureteral orifice will probably show slight swelling of the lips, but without gross changes in its surroundings. The bladder will be contracted, and even under the influence of a general anesthetic will with difficulty hold the necessary amount of medium; and this holds after the corneal reflex has disappeared. The ureter from the affected side will be seen to emit from time to time a quantity of turbid urine, but instead of being a vigorous efflux it will simply dribble out. The opposite ureter may be overactive. Examples.—

Mr. S. (same patient referred to above). Examined May 17th, 1911, one year later. Urine now contains much albumen in addition to the pus. Cystoscopy—Right orifice very much reddened and angry-looking; lips swollen. Left fairly normal. Trigone is ulcerated but the denuded areas do not reach to the ureteral orifice, there being a normal area of bladder mucosa intervening except for the edema which extends over the trigone. The right ureter was catheterized, the specimen showing plenty of pus, albumen and some blood. Diagnosis—Tuberculosis of right kidney consecutive to the bladder involvement, and it is proposed to do a nephrectomy.

The following is a typical example of bladder tuberculosis, the primary focus being in the kidney:—

Miss H. (referred by Dr. H. B. Anderson). Age 24. Urine contained pus and occasionally some blood, with variable quantities of albumen. Chief complaint was dysuria and frequency of micturition. Cystoscopy in November 1909. Bladder holds with difficulty 4 ounces. Right orifice is holed and surrounded by extensive ulceration with adherent debris. Pus can be seen coming from the open orifice. Left opening shows slight thickening of its lips,