

*Case 5.*—S., seaman; married; aet. 36; four years ago nephrectomy of left kidney. Patient said kidney was destroyed by disease; was not told that it was tubercular. Nephrectomy took place after 5 months' treatment in Marine Hospital, where patient was confined to bed and bladder irrigated twice daily.

Since date of operation, general condition has improved; frequency of urination continued. No treatment for urinary symptoms after operation was advised nor for constipation.

History previous to operation and urinary symptoms, negative, except for constipation; alcohol excessive at times; G. C. 8 years ago.

July 15th, cystoscopic examination showed bladder capacity 4 ounces; general cystitis; no evidence of tuberculosis; bladder walls infiltrated and thickened.

Catheterized bladder specimens showed no T. B.; much pus; numerous bacilli. Cultures and subcultures showed infection to be one of pure colon bacillus.

*Diagnosis.*—Coli B. infection, no doubt primary to operation rather than secondary.

*Treatment.*—Dietetic, hygienic, local and autogenous vaccine. Condition much improved.

Gentlemen,—Reviewed collectively, these cases demonstrate:

1. That diagnosis of many urologic conditions by means of microscope alone and subjective symptoms, are *antiquated* methods.

2. That modern methods mean the use of cystoscope, ureteral catheters and cultures: and modern treatment, the employment of autogenous vaccines.

3. That the great advance in our knowledge of pathologic conditions of kidney, bladder and urinary tract is due, not only to the cystoscope, but to the *systematic* application of modern methods of urologic diagnosis, as is illustrated here in demonstrating the role the colon bacillus plays in diseases of the urinary organs.

These cases were selected not for the purpose of demonstrating the truth of the above statements, but rather to bring out certain clinical points that will be of value to every general practitioner and surgeon.

These five cases, gentlemen, were referred, because the predominating presence of urinary symptoms classified them as urologic cases. Practically, they were not urologic; for treatment, necessary to recovery was hygienic and dietitic—the province of the internist; surgical, the province of the gynecologist or general surgeon, inasmuch as operations necessary to cure, were upon the uterus and appendages and not upon the urinary organs themselves.