as to suggest the possibility of the condition being one of a pelvic appendicitis.

In looking into the bladder with a cystoscope a stone was seen occupying the right ureteral orifice, and when the point of the catheter was brought against it he would cry out with pain. He was put back to bed and given moderately large doses of morphine and copious draughts of water to drink. For some hours after the examination the pain was pretty severe, and then disappeared and did not return while he was at the Hospital. Before leaving, the bladder was examined again, and the right ureteral orifice was found empty. The edges were swollen and pouting and the mucosa around ecchymosed, a complete picture of the effects of traumatism. The stone could not be seen and although the man had been warned to be on the watch for it, I think it must have escaped during the time that he was pretty thoroughly under the influence of morphia.

Other instances illustrating the conservative influence of ureteral catheterization are seen in two or three cases that Dr. Campbell has examined where there was reason to suspect a calculus. In one instance I may say that an exploratory incision in the right kidney had been determined upon. On catheterizing the ureter, both sides were found alike and normal.

Any variation between the two sides is a deviation from the normal as taught by Casper. The urine from the two kidneys in health is similar in all its characteristics, in acidity, specific gravity, colour, freezing point, electrical conductivity, and the two kidneys have equal power to excrete methyline blue, indigo-carmine or phloridzine.

In the three cases in which renal calculi and renal disease were excluded as the result of examination of the separate urines, the subsequent history has confirmed the findings.

The cases of tuberculous cystitis associated with renal tuberculosis that I have reported confirm the views so ably advocated by Rovsing that in the majority of cases the kidney precedes the bladder infection. The latter is generally a descending lesion. The little ulcer so constantly found around the vesical orifice of the ureter is an indication of the side involved, and this without any exception, in the cases that I have observed. The thickening and shortening of the ureter noted by Hurry Fenwick and so conspicuously present in one of my cases is probably, as taught by Adami and the German School, a secondary and ascending infection from the ulcer at the vesical orifice of the ureter; the infection being carried up very largely by the lymphatics.

After a tuberculous kidney is removed, not only the system and bladder are saved from further infection, but the remaining kidney