

cystitis. Absence of bacilli is not convincing proof of the non-existence of the disease. The progress of the disease is very slow, sometimes lasting for fifteen or twenty years, and may often be latent, extensive disease occurring without any symptoms referable to the bladder at all. Again, we may have disease of the kidneys and no disease of the bladder, and yet vesical irritability is the most prominent symptom.

As a rule, when the lesions are in the neck of the bladder, the pain is acute and lancinating, and referred to the glans penis at the end of micturition; frequent and painful micturition or a sense of discomfort attending the act are symptoms seen sooner or later in these cases. In some cases there may be incontinence, in others spasms are noticed with sudden stoppage of the stream. This may lead to retention of urine from spasmodic contraction of the sphincter. Tuberculosis involving the orifice of one of the ureters may cause obstruction sufficient to produce dilatation of the ureter and hydronephrosis of that side. The urine is at first acid and cloudy, the turbidity being due to mucus and pus; it may become ammoniacal and decidedly viscid, shreds of tissue and blood corpuscles are seen, etc. The ulceration may be coated over with phosphates and give the idea of calculus. Hæmaturia is a prominent symptom, and may be an initial symptom, before even frequent micturition. Still, again, it may be absent during the whole course of the disease. The blood is seen at the end of micturition, and is usually but a few drops; coagulæ are rarely passed. It may disappear and reappear. All the symptoms of tubercular disease of the bladder are subject to exacerbations before softening and ulceration takes place, and bladder irritability is not a prominent symptom, but as soon as ulceration begins, rapid destruction of the mucous surface takes place and the symptoms become well pronounced.

For treatment, Dr. Stein says irrigation of the bladder can only wash out the products of inflammation and thus retard the progress of the case; instruments irritate. In fact there is but little to be done in these cases except to perform perineal section or suprapubic cystotomy, so as to give the bladder as little to do as possible. The results of operative interference have not been