

tion why an individual is liable to diseases in early life to which afterwards he is completely immune.

I have developed here, so far as the limits allow, what I consider as the proper meaning of the term "pathological cell." The view here taken accords well with the generally received opinion that there is no marked line of separation between the physiological and the pathological states; for if the physiological depends on proper nutrition of cells and organisms, then the pathological condition must depend on a deviation from the normal nutrition, and this deviation may at times barely pass beyond the neutral line.

I do not claim that I am advancing a new principle. I think the question of nutrition in pathology has before this been discussed fairly and fully, but its importance has not, I believe, been dwelt on. I claim only that it affords a satisfactory explanation of the occurrence of neoplasms, and that its application to other abnormal cellular conditions will be made when our knowledge of the nutrition of the cell as a whole is much more extended than it is now.

NOTE REGARDING EXPLORATION OF THE FEMALE BLADDER.*

BY J. F. W. ROSS, M.D.

Exploration of the female bladder has been surrounded by an amount of difficulty that can be readily dispensed with. Some recommend vaginal incision as a means of exploration, and this is carried out under an anæsthetic. A cutting operation is required; a fistulous opening remains through which the urine flows, and the patient is inconvenienced. These openings tend to close without difficulty and can be readily closed by subsequent operation. Different methods of urethral dilatation have been from time to time advocated and carried out, with varying success. The endoscope has been highly lauded and serves a good purpose in experienced hands. The same applies with even more force to the electrical cystoscope. I have used all these methods and have been impressed with the usefulness of them all. One day having a class of students examining a woman with symptoms of growth in the bladder, I was able,

without difficulty, to explore the bladder without any cutting operation, without any previous dilatation, without an anæsthetic, and without any temporary or permanent inconvenience to the patient. Having carried out this procedure in several other cases during the past year, I now heartily commend it to the profession. It may be as old as the hills or older. When one is told that a speculum has been dug up among the ruins of Pompeii, one fears that much that is new to this generation is new to this generation only. No doubt the surgeon uses his little finger in entering a sinus before he endeavors to insert his index finger, if the sinus is small. But that fact does not cover the point I wish to make before this Association. The fact is that the first finger, owing to its circumference, is on the very verge of the danger line, while the little finger is removed, by virtue of its lesser circumference, several tenths of an inch further toward the side of safety. When this is so the little finger only should be used, provided it serves every other purpose. The procedure is as follows: Cocaine may be first used as an intra-urethral application. The patient lying on the back with the knees drawn up upon the abdomen, the little finger, with pared and soap-filled nail, and oil smeared, is gradually pressed through the urethra. If unable to enter, previous rapid dilatation may be done with Ellinger's or Palmer's cervical dilator, so that the tip of the finger enters the narrowest part of the meatus. This dilatation should be very limited, and the little finger must be a small one—such as the great majority of surgeons are blessed with. Any of the other fingers are about twice as large in circumference as the little finger. A slight tearing of the meatus upwards towards the clitoris will be produced, but can subsequently be remedied by a little stitch with a fine needle and fine silk. The patient will complain of pain as they do if a catheter is passed, but I have not found this to be excessive, and it is of short duration. The finger gradually finds its way in, but cannot reach far except by means of a special manipulation. The urine should be drawn off before the finger is passed. The first, second and third fingers are all flexed on the palm, and the hand (the right) pronated until by bending the body over slightly the ulnar edge of the arm is toward the ceiling of the room, the upper arm

*Read before Ontario Medical Association.