

first place, given one of these intensely inflamed old cases of cystitis in a patient worn out with vigils and suffering, mild courses of treatment are worse than useless, serving only to increase the distress. To avoid discouragement, tell the patient, who has suffered for years, that she must be content to give a few months or, perhaps, a year or more to getting well. Then begin by opening and draining the bladder, then when you find the organ cleared up to one spot, you may try for a few weeks to heal that by direct applications of nitrate of silver or argyrol, and in this you may succeed. If you fail and there is a tendency to relapse, make a suprapubic opening and cut out a crescentic piece, including the entire thickness of the bladder wall, and sew it up with catgut sutures on the inside and fine silk on the outer surface.

If you have to open the peritoneal cavity, and the bladder is a foul one, you can sequestrate the entire vesical region by suturing the round ligaments and the uterus to the abdominal wall from side to side, converting the peritoneal cavity behind the symphysis into a closed pouch, which is then drained over the symphysis. In a bad case which I treated in this way and had to open later for an ovarian trouble, there was no trace of the pouch left.

I have not found great help from the making of a small suprapubic opening in association with a vaginal opening for through and through drainage. If, however, worst comes to worst, I would make a big suprapubic opening, partially detach the recti, and put the patient in the hot tub for as many hours daily as she can stand.

Let me illustrate this group of difficult cases by giving you a brief outline history of seven of my patients. In two the disease was tuberculous, in the others the organism was a colon bacillus.

CASE 1.—Mrs. R., aged 55, came to me in October, 1899, with a chronic cystitis, which had persisted for fourteen years in spite of being several times "cured." I found the entire vesical mucosa covered with scattered foci of ulceration pouring out a curdy pus. The urine was alkaline, containing a short organism, probably the bacillus colon.

She received under my care the following treatments: A borax and soda solution by irrigations, applications of the nitrate of silver (2 to 4 p.c.), insufflations of boric acid powder against the diseased vesical wall, formalin irrigations (1:15000 to 1:2000), irrigations of silver nitrate from  $\frac{1}{2}$  to 1 p.c. strength.

Under these treatments there was a steady improvement, the organisms decreased, and the capacity of the bladder increased from 60 to 280 c.c. She was cured in forty-one days. I tested