

cause it is sometimes useful to distend the viscua a little, for in this manner the depressions and inequalities between the muscular trabeculae, always present in advanced bladder inflammations, are thoroughly reached. These simple injections, practised once a day, or in severe cases twice a day, often result most happily. I have seen the pus reduced from large bulk to a mere trace, and micturition reduced from five or six times to once a night. Commonly, after a few injections with plain water, I add some medication. My favorite is the salicylate of sodium in the proportion of a drachm to the pint. Its disinfecting qualities are undoubted, and I have some reason to believe that the soothing effect claimed for it is not without foundation. I have used a good deal of Sir Henry Thompson's soothing solution—of bichloride of sodium an ounce, glycerin two ounces, water two ounces, and of this mixture half an ounce to four ounces of tepid water—with about the same result. Boric acid, in the proportion of a drachm to the pint, is also very satisfactory.

Alum is an astringent which has been too much overlooked of late in supporting processes in mucous membranes, and may be substituted for the salicylate with advantage where the pus does not diminish as rapidly as is desired. It should be more cautiously used than the salicylate of sodium. Sufficient of the powdered alum should be first added to a pint to give it a distinctly astringent taste, when the bladder should be washed out as described, while a small quantity may be allowed to remain after the last injection.

Where there is a foul odor present I use the bichloride of mercury in solution, but exceedingly dilute. It is almost incredible how small a proportion of this salt is irritating to the bladder, and having learned by experience, I never begin with a solution stronger than 125,000, but gradually increase the strength if it is well borne. Carbolic acid may be substituted for the bichloride of mercury, but it has not been so satisfactory in my hands.

Other drugs are recommended to be similarly used, but I have had little or no experience with them. One from which much may, with reason, be expected is the peroxide of hydrogen, one part to five of water. In the single instance in which I have used this, the patient, who had previously been using the bichloride solution, returned of his own accord to the latter, because he thought it more satisfactory. Among other remedies recommended to be used in the same way are acetate of lead, 1 gr. to 4 ounces; dilute nitric acid, 1 or 2 minims to the ounce; and nitrate of silver, 1 gr. to 4 ounces; but I have had no experience with them.

Anodynes are indispensable in many cases of cystitis, to relieve the patient of extreme pain and the frequent desire to pass water, which are the

result of the same cause. Opium and its alkaloids are the most efficient, and they are best introduced by the rectum. There appears to be no absorbing power in the bladder for opium at least, and there is no use in attempting to use any anodynes by that channel.

Cocaine, from which so much might reasonably be expected, has failed of its purpose in my hands. I have injected as much as two ounces of a 2 per cent. solution into the bladder without effect, except to produce some of the symptoms of cocaine poisoning. Most disappointing, too, has been the use of cocaine to remove the exquisite tenderness of the urethra which sometimes attends this condition, and is a serious drawback to the use of the catheter.

Where there is greatly enlarged prostate, catheterization is indispensable, and is attended often with the most happy results. It is often too long deferred because of the natural repugnance to the use of the instrument. Of course the patient or his friends should be taught to use the catheter and to wash out the bladder. In these days of refined antisepticism it is scarcely necessary to say that the extremest precautions should be taken to cleanse the catheter after its use in order to avoid sepsis. There is nothing better for this purpose than the bichloride solution of 1 : 1,000, in which the catheter should be allowed to lie for a short time after being cleansed with boiling hot water.

How much can be accomplished by such treatment as the above-described? That an absolute and total cure is ever obtained in chronic cystitis is exceedingly doubtful. Hence the statement at the beginning of my paper, that the medical treatment of cystitis does not furnish a very satisfactory chapter in therapeutics. On the other hand, that a life of suffering may be converted into one of comparative comfort is certainly true, and I have many times seen it. Nay more—I have more than once seen a life prolonged half a dozen years in much comfort by careful attention to the bladder of the kind described.

It occasionally happens, of course, that all treatment of this kind fails, and yet the patient lives to be tortured by the discomfort of the situation. Three times I have had perineal section done by the surgeons for the relief of such cases, in each case with some relief, although with less than was hoped for.—James Tyson, M.D., Philadelphia, in *London Practitioner*.

A doctor in Bootle, England, has the following printed on his prescription blanks: Gratefulness of the patient is part of his disease, is most prominent when the fever is highest, lessens during convalescence, and disappears as health is re-established. Hence, prescriptions only for cash.—*Memphis Medical Monthly*.