

*Previous Treatment.*—Perineum and cervix repaired, three years ago to relieve symptoms; has had bladder irrigation and has taken all forms of internal medication for same; at one time, confined to bed for three weeks with bladder irrigations; symptoms improved, but upon resuming occupation symptoms returned, and at present, Feb. 2nd, 1911, are as bad as ever.

Physical examination of pelvic organs showed lacerated perineum; pronounced cystocele; cervix protruding almost outside of vagina on straining.

Cystoscopic examination showed general cystitis with denuded mucous membrane at the mouth of bladder; much inspissated pus in cystocele pouch.

Ureters catheterized; no hydronephrosis; no calculi; no obstruction to ureters. Urine from each kidney showed few pus cells; many bacilli; few staphylococci; no casts; same micro-organisms present in catheterized specimens from bladder.

*Diagnosis.*—Mixed infection, staphylococci, few; coli bacilli predominating.

*Treatment Indicated.*—First of all was surgical, necessitating cure of the cystocele; otherwise hygienic, dietetic or local treatment would be no more efficient than it would in a male with a large prostatic pouch, that retained so efficient a culture medium. Accomplished by repair of the cervix, perineum and curettement and suspension of the uterus. Uterus suspended by scarifying anterior surface and sewing both round and broad ligaments to the scarified area; ligaments overlapping to the extent that cervix as felt per vagina, was in its normal position.

*Treatment.*—Dietetic and hygienic; also local. Local treatment, irrigation of bladder with permanganate solution twice daily, because of presence of staphylococcic infection; otherwise, boracic acid would have been employed.

After leaving hospital, these irrigations were administered by patient herself. Salol, grs. 7, were administered every four hours. Autogenous vaccine, mixed, coli bacilli and staphylococci were administered once a week; at first one billion; later, three billions.

June 20 (four months later) urine, except for presence of few coli bacilli, clear, absence of all symptoms.

July 7th, cystoscopic examination showed uterus still in place; bladder mucosa, normal.

*Case 4.*—L., male; aet. 38; married; 2 children; lineman; referred by Dr. L. L. Love, Tacoma.

History negative, except gonorrhea at 18, mild attack and no complications; no history of typhoid.