

they act quickly and satisfactorily. Thus relieved temporarily, the physician can take the necessary time to determine where the ultimate cause of uric acid excess lies, and select remedies to cure it. The systemic defect is usually the ultimate cause and will be found in the primary or secondary assimilation. Constipation is almost always a conspicuous symptom in these cases. Its resultant evils include stomachic and intestinal indigestion. From it results a condition of blood poisoned with excretory material, which causes all functions of the abdominal organs to be imperfectly performed. The secreting cells of the liver fail to elaborate their products perfectly, and from this failure arises the uric acid excess. A thorough catharsis temporarily relieves all these symptoms, and it is an exceedingly unwise thing to do to use powerful purges, because they are of only temporary benefit. The course to pursue is to give a daily laxative, and thus by degrees purify the blood and secure a sustained functional improvement in the organs of primary assimilation. To this end the daily use of Rakoczy, Hunyadi Janos, Friedrich shall, or Victoria mineral water in warm weather; or of aloes, podophyllin, cascara sagrada, compound extract of colocynth, compound liquorice powder, or euonymus, in cold weather, will be useful. To improve the secondary assimilation we can resort to the use of bark and iron, arsenic, strychnia, minute doses of mercury, when not contra-indicated, and cocoa.

Of prime importance in these cases is the management of the diet. Farinaceous articles and acid fruits should be largely used, and only as much of the albuminous articles used as can be thoroughly digested.

Irritable bladder arising from *triple and amorphous phosphates* should be treated by treating the systemic condition producing them. They are usually found in diseases of the nerve centres and after great mental application. They generally suggest the use of rest, ergot, galvanism, massage, tonics, and improvement of alimentation.

*Oxaluria* should be treated by paying especial attention to the "moral, mental, and physical condition, and time must not be wasted in

treating a mere symptom." Strychnia and the mineral acids will yield the best results.

Cases involving *diabetes* or *albuminuria* call for treatment addressed exclusively to these conditions.

Irritable bladder arising from causes enumerated, seventh to ninth, inclusive, must be treated according to indication wholly, which consists in the removal from this viscus of these foreign substances.

Cases involving *cystitis, acute or chronic*, the tenth cause enumerated, are troublesome enough. Some patients will make rapid recoveries. But by far the largest majority of them will prove rebellious. The urine in these cases must be rendered alkaline as speedily as possible. Citrate of potassium, in as large doses as can be borne without causing stomachic distress, is an excellent remedy. The removal of existing constipation by daily laxative doses of mineral water upon arising in the morning, is of importance, as it secures a systemic condition favourable to producing urine of minimum acidity, after which smaller doses of the citrate of potassium will suffice to produce alkalinity of the urine. At the same time, restricting the diet to articles calculated to aid in avoiding acid excess in this excretion, should be prescribed. An exclusive milk diet has cured cases of long standing and of great severity. Alkalies, minim doses of tr. cantharidis, hourly, twenty grain doses of bromide of ammonium, the solution of bromohydric acid, benzoate of ammonia in buchu, laxatives, proper diet, quietude, will relieve most cases of irritable bladder from *acute cystitis*.

The irritable condition arising from *chronic cystitis*, requires a wider range of remedial measures to meet all cases. Many women, however, are never cured, failure arising from many causes, as lack of pertinacity on the patient's part in submitting to treatment, dyscrasia, failure to apprehend and to remove coexisting disorders which sympathetically propagate the cystitis, etc., etc. Frequent urinalyses are necessary to guide us in the administration of medicines, internally. Acidity is to be modified or abolished by alkalies. Urinary decomposition calls for the sulpho-carbates, for eucalyptus globulus or for salicylate