

Three important factors enter into the successful treatment of cystitis:—

1. A full, carefully written analysis of the case, including a description of the appearances seen in the bladder.
2. A well defined campaign against the disease, progressive in character.
3. Great patience; never give up.

All preliminary discussions as to history, etiology and pathology lead up to the two great practical issues: how to prevent the disease and how to get rid of it.

*Prophylaxis.*—I am convinced that if we pay closer attention to prophylaxis there will be a prompt and a large percentage reduction in the cases of cystitis. Most of the cases seen nowadays, follow some ordinary surgical operation.

A potent factor in the prophylaxis is the proper use of the catheter, which I may summarize as follows:—

A sterilized catheter; cleansing of the external meatus before introduction.

The general introduction of the catheter without touching the end introduced. The bladder must not be permitted to become distended.

It is also important to remember that the patient, unaccustomed to lying on her back, often empties the bladder very imperfectly. If the urine tends to decompose in the bladder some warm boric acid solution should be thrown in to wash it out every time the catheter is used.

In all abdominal hysterectomies, the bladder should be rubbed, touched and bruised as little as possible. I have looked into the bladder after a hysterectomy for myomata and seen large transverse striæ of fresh hemorrhages on the posterior wall.

In another similar case, in which I reopened the abdominal wound, the bruised bladder was at first mistaken for a large, fresh blood clot.

Further, where there is reason to fear cystitis, and always when the catheter is used, it is well to use urotropin for a few days, in 5 or 10 gr. doses t. d., as a prophylactic. The consensus is that cystitis will but rarely occur if this precaution is taken.

*Remove the cause.*—The sister of one of our ablest practitioners got up from her lying-in-bed with a bad cystitis which numerous treatments failed to ameliorate in the least degree.

She entered my cystoscopic room for the first time; I put her in the knee-chest posture and looked into the bladder, and lo! there was a white calculus as big as a pigeon's egg lying in the vertex. With the removal of the calculus she made a prompt recovery.

Take nothing for granted; if you can look at a sore throat, you can also, with a reflected light and a little patience necessary to acquire a little more dexterity, look into an inflamed bladder.