7. Mrs. H. M., aged 34, came to me in May, 1901. She was an utter wreck from nine years of suffering, extremely emaciated, and abandoned to die of an advanced tuberculosis of both kidneys and bladder. The bladder was ulcerated from vertex to urethral orifice and there was not a sound spot to be seen.

I began, May 4th, by draining the bladder by the vagina and giving rest from the constant suffering.

May 18th, a left nephrotomy was done.

June 15th, left nephrectomy and a ureterectomy as far as the pelvic brim.

October 14th, closure of the vesico-vaginal fistula.

October 22nd, 1902, extirpation of the lower end of the ureter.

February 24th, 1903, suprapubic resection of the bladder, taking away about one-half of the bladder, including the left ureteral orifice.

April 9th, 1903, closure of the vesico-vaginal fistula.

With these surgical measures were associated irrigation and distention treatments, as well as typical treatments with silver nitrate.

From holding nothing at all, the bladder has increased to normal capacity in spite of the extensive resection done; in October, 1903, it held 225 c.c.

She is now practically a well woman, stout, hearty and attending to all manner of household and social duties.

I trust, in conclusion, gentlemen, that I have demonstrated that, granted the important elements, skill and patience, practically all cases of cystitis, even the worst, can be cured.

The first step is to make a correct diagnosis, so as not to treat as a cystitis a case of irritable bladder.

The next step is to determine the grade of the disease and the character of the infection, and, most important, to differentiate tuberculosis.

Again, the kidney must be borne in mind as a possible source of reinfection in cases very slow to clear up.

After a thorough study of the field begins an aggressive campaign on the lines indicated, well defined and progressive until the patient is cured