

I use also fluid extract of corn silk (*Zea mais*) in teaspoonful doses, with advantage in the amelioration of the symptoms.

Irrigations form, perhaps, the most important means of treatment at our command, and with irrigation it is well to combine distention of the bladder.

The simple daily cleansing of the bladder in this way is of the utmost value, and many cases would recover rapidly, if only bland fluids were used.

The two most efficient drugs for this purpose are the nitrate of silver, 1:1500 to 1:500 or stronger, and mercuric sublimate, 1:1000.

As good a plan of administration as any is to connect a rubber tube with a funnel attachment to the catheter, and then slowly elevate the funnel two or three feet above the level of the pelvis. By the amount borne and the height, the progress of the more difficult cases towards recovery can be pretty well estimated. The quality of great importance here for both patient and practitioner is patience. It sometimes takes weeks or months to secure the first decided step in advance, with many apparent back-sets in the interim.

I must confess to you right here that in several of my cases, which we have worked over for one, or two, or even more years, securing a recovery in the end, I should never have had the courage to persevere had it not been for the unflagging interest and zeal of Miss Cook, my chief nurse, who has personally conducted almost all of the treatments.

*Direct Topical Treatments.*—When a cystitis is in the chronic stage, and is, furthermore, localized in a small area in the bladder, one, for example, which could be covered by the last joint of the thumb, direct topical treatments often hasten the improvement and even effect a cure. The bladder is emptied and the patient put in the knee-chest posture, then through an open cystoscope, using a head mirror or other suitable illuminant, the patch of inflammation is exposed and treated just as a chronic sore throat is handled, making a direct strong application by means of an applicator and a pledget of cotton. Nitrate of silver is best here, too, used over a small area, as strong as 50 p.c. For larger areas use 10 or 5 p.c., taking care that there is no excess of the solution to run down over the sound mucosa. I also use freely a 50 p.c. solution of argyrol. Subsequent treatments must be milder, and at intervals of from three to seven days. Solutions of 1 and 2 p.c. are often valuable in trigonal inflammation (trigonitis).

An admirable and effective combination is formed by associating occasional topical treatments with daily injections and distentions.