

II. *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.

Make also a searching examination of every contiguous pelvic organ. If there is a myoma or an ovarian tumor or a pelvic inflammatory mass pressing on the bladder and interfering with its proper evacuation, take the tumor or the mass out.

Another patient with a bad pyuria, whose kidney was to be taken out, I found had a small septic dermoid cyst opening into the bladder by a passage; the removal of the tumor and the closure of the orifice cured the disease and saved her from a serious mutilation.

In any obstinate case, especially if it is one of lesser degree, always remember that the source of constant reinfection may reside up in the pelvis of the kidney. If you find tubercle bacilli associated with a cystitis you may be sure that in nineteen cases out of twenty the primary focus is in the kidney.

As we consider the active treatment of a cystitis, let me urge two important factors which serve as controls in testing progress towards recovery.

1. A careful preliminary examination and description of the local condition as seen through the speculum, on the interior of the bladder sphere. If there is any marked improvement examinations from time to time will show it by the variations of color, and in the extent of the lesions.

2. The taking of a measured quantity of fresh urine, say three platinum loops, and spreading this on the slant agar, and then counting the colonies which grow out, as a means of testing the reduction of the amount of infection. These individual foci will often be found to diminish progressively from countless to dis-