Correspondence.

To the Editor of the CANADA LANCET.

TORONTO, March 8th, 1892.

Dear Mr. Editor,—Some weeks ago a rumor reached me that members of the profession connected with the Toronto General Hospital were very much agitated concerning a statement accredited to me. This alleged statement was to the effect that the Local Board of Health and myself in establishing a hospital, intended not only treating persons suffering from diseases of an infectious character, but also that we purposed receiving those suffering from non-infectious disorders. Now in view of the fact that the name "isolation hospital" clearly indicated that the institution would be used only for cases of infectious disease, I did not consider it necessary to contradict this rumor.

But as I am again informed that the impression conveyed by this rumor regarding the isolation hospital still exists among many of the profession, and, further, that had they not been given so to believe, they would never have appeared before the Board of Health in the matter, I consider it but right to state publicly that this statement is absolutely untrue and without foundation.

NORMAN ALLEN,
Medical Health Officer.

Selected Articles.

THE MEDICAL TREATMENT OF CYSTITIS.

The medical treatment of cystitis does not furnish a very satisfactory chapter in therapeutics. It includes such treatment as the physician is called upon to use supposing the exciting cause, such as a stone or obstruction in the urethra, to have been removed, whenever possible. I say whenever possible, because the enlarged prostate which is responsible for so many cases of cystitis is, in the vast majority of cases, not removable even in these days of brilliant surgical results. It must also include the treatment of a certain number of cases in which no removable cause is ascertainable, as well as cases where, as with a long previous gonorrhœa, the cause has long since been removed, but has left a deep-rooted tendency scarcely eradicable.

It should be stated, too, at the outset, that the vast majority of cases of so-called cystitis are inflammations of the neck of the bladder and of that part of the urethra passing through the prostate.

Acute cystitis is far less commonly met by the physician than the chronic form, while its treatment is far simpler, and I may add, more satisfactory, at least so far as the removal of the acute symptoms is concerned. Rest in bed is a primary and essential condition. Leeches to the perineum should be applied more frequently than they are. A poultice to the same region and over the abdominal region is always useful, while a brisk saline cathartic should never be omitted.

As the feverish state which always accompanies cystitis is more or less constantly associated with a scanty urine, concentrated and irritating to the inflamed mucous membrane, it is desirable at once to increase the secretion, and thus dilute it. Copious libations of pure water, to which the citrate or acetate of potassium is added, in 15 to 20 grain doses for an adult, should be allowed. The ordinary spirits of nitrous ether in 2 drachm doses every two hours is an admirable adjuvant, and may be combined with the officinal liquor potasii citratis, which contains about 20 grs. of citrate of potassium to the half ounce. Formerly the mucilage of flaxseed or flax-seed tea was much used as a diluent menstruum for the diuretic alkalies indicated, but I am doubtful whether it is any more efficient than a like quantity of water.

Where there is much pain and straining, as is often the case, especially where cantharides is the cause of the inflammation, opium is indispensable, always in the shape of a suppository, half a grain to a grain of the extract being thus administered, or a proportionate amount of morphine. Iced water injections into the rectum, or pieces of ice similarly applied, are very efficient in allaying the pain and irritation where additional measures are needed.

The successful treatment of *chronic cystitis* is a much more difficult task, for three evident reasons. (1) The constant presence in the bladder of the urine with its irritating qualities, especially to an inflamed mucous membrane. (2) The difficulty in getting remedies to reach the inflamed surface. (3) The pent-up inflammatory products, which in their decomposition often make the urine still more irritating by exciting in it ammoniacal changes. There is no doubt that, if the urine could be kept from entering the bladder during the existence of an inflammation, the latter would rapidly heal; that cure would be facilitated by obtaining ready escape for the pus and mucus formed in the inflammatory process; while happier results might also be reasonably expected if we could secure readier access for remedies to the inflamed areas. None of these indications can be met entirely, hence the difficulty in attaining a cure. They remain, how-