

many years in a mild form occasioning only a little inconvenience; or it may, by invading the kidneys or by the constant discharge and pain, so undermine the strength as to lead to a fatal termination.

Prof. Berkeley Hill says, "the chronic form is eminently curable if the cause be removed and the kidneys are not affected. Even if the cause remain and the bladder is free from ulceration, the affection may be palliated sufficiently to prevent suffering and the shortening of life"—a pretty sweeping statement when the long list of remedies, is made up, each of which has a sponsor who vouches for its infallibility.

The diet, of course must be unirritating, and proper rest must be enforced. The same rules respecting the use of the catheter will apply as in the acute disease, and I conclude, from the published convictions of many and from my own experience, that irrigation properly conducted is of moreservice than internal medication.

Of the remedies recommended to be taken are, in addition to those already mentioned, tannin, nutgalls, tincture of the chloride of iron, Venice turpentine, compound tincture of benzoin, benzoic acid, and acetous extract of colchicum; this last indicated in the gouty habit. Care should be observed in the administration of belladonna, especially to old subjects, as an excess of the drug is apt to paralyze the detrusor urinæ; thus, while allaying irritation, doing more harm than good.

Irrigation is best done by gravity—a syringe is uncertain in its force, while gravity is constant—and may be simple or medicated. I have tried several of the remedies for irrigation and have thought that boiled water was followed by less irritation than any of them, in one case, at least.

From the time of Sir B. Brodie down to the present, a $\frac{1}{4}$ gr. to the ounce solution of nitrate of silver appears to have been the favorite, and is said to lessen the quantity of mucus, also the phosphates. I shall simply mention the others:

Potassium permanganate, or carbolic acid, if there is fetor. Heath prefers quinine and dilute sulphuric acid, if there be much pus and ammonia. Devergie used balsam of copaiba, with opium or belladonna in barley water. Either boracic acid, borax, or zinc sulphate is recommended, if there is simply an excess of mucus without other change in the urine.

So much has been said of late of the desirability, in obstinate cases, of opening into the bladder for the purpose of draining, that an expression of opinion from the members, on this point especially, would be interesting; for, at the very best, it is usually an intractable disease to manage. I had intended to narrate two or three cases bearing on cystitis; but, as the paper has unintentionally grown already too long, I shall only relate the particulars of a case in which an accidental complication brought about a cure, and made it self-evident, in this particular instance, that any means that can be devised for the constant drainage of the bladder, without the apparatus proving in itself a source of irritation, will solve the problem, how best to keep this organ, when inflamed, in a state of perfect rest. Such being accomplished, a case of persistent cystitis, unless the cause be irremovable, would be a curiosity.

Several years ago I attended in labor Mrs. F., a healthy Englishwoman. The foetal head was abnormally large; and, although the pelvis was well shaped, the labor was severe and slow. I tried the forceps—perhaps I used too much traction and too little compression, or perhaps, in my short-sightedness, I misapplied the instruments; at any rate, they slipped, but did not cause any observable external injury, and, luckily for my reputation, as I was then a new beginner and could not have survived many lacerations of the perineum, I then performed version, and without much difficulty. Everything went well until the third day, the urine being voided normally, when to my horror, symptoms of acute cystitis set in, which became aggravated for a day or two, when the strangury suddenly ceased, and the urine escaped per vaginam. I introduced a small sound into the bladder, and by conjoined digital examination, found that a very small vesico vaginal fistula had formed.

By this time, symptoms of endometritis of rather severe character began to appear. Consequently, I was obliged to let the bladder take care of itself, which it did beyond my most sanguine expectations; for while I had to meet the vaginal irritation excited by the occasional urinary trickling, after the uterine trouble disappeared, the cystitis gradually improved; and to cut the story short, the treatment consisted simply in keeping the patient on the side, the occasional application of nitrate of silver to the fistula, and the use of the