urethral orifice before introduction; introduction of the catheter without touching the end introduced.

The bladder must not be permitted to become over-distended.

It is also important to remember that a patient, unaccustomed to urinating when lying on her back, often empties the bladder very imperfectly. If the urine tends to stagnate in the bladder, some warm boric acid solution should be thrown in to wash it out every time the catheter is used.

In abdominal hysterectomies, the bladder should be rubbed, touched, and bruised as little as possible. I have looked into the bladder after a hysterectomy for myomata, and seen large transverse striæ of submucous hemorrhages on the posterior wall.

In another case, in which I recently reopened the abdominal wound, the bruised bladder was at first mistaken for a large, fresh blood clot.

Further, where there is reason to fear cystitis, and always when the catheter is used, it is well to give urotropin for a few days, in 5 or 10 gr. doses t. d., as a prophylactic. The consensus is that cystitis will but rarely occur if this precaution is taken.

Remove the Obvious 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 the small amount of 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 large 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.

In the case of another patient with a bad pyuria, whose kidney was about to be taken out, I found a small suppurating dermoid cyst opening into the bladder by a sinus; 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 above, 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.