

in addition to the above-named drugs, to relieve the tenesmus or great pain. If a microbic affection has occurred, however, the case is apt to be much more serious. The indications of treatment vary according to the intensity and acuteness of the disease. It is always well to bear in mind the regulation of hygienic and dietetic measures. Authors disagree in regard to the matter of rest. Finger advises rest in all cases, and puts the patient on fever diet. In addition to the internal drugs given by him he recommends, for the painful symptoms, suppositories of extract of belladonna and morphine or subcutaneous injection of morphine. In mild cases he only uses, for relief of pain, warm abdominal compresses. I find that in all cases mild diuretics and urinary sedatives are of great importance, and I have found Sanmetto to be peerless in this regard. If the urine remains cloudy and continues to contain pus and mucus local treatment is indicative. It is a wrong idea that some physicians have—that all cases of acute cystitis call for bladder washing; it is never indicated when the urine is bland and the bladder is thoroughly evacuated by the act of micturition. Should there be retention, however, and decomposition, as shown by the passage of foul, ammoniacal urine, irrigation should at once be resorted to. For this I have found nothing better than a two per cent. solution of boracic acid. The temperature of the solution should be blood heat. Care must be taken not to over-distend the bladder in this operation, repeating it once a day for four or five days, and longer, if necessary. I have also had good results from the use of normal salt solution, and have used in some few cases, with advantage, permanganate of potassium, one to twelve-thousandths. The patient should always be in a recumbent posture when irrigation is practiced. In irrigating the bladder I usually use a soft catheter. I have used a short urethral nozzle, but not with as much satisfaction. Should the patient suffer from marked tenesmus and have difficulty in fully emptying his bladder, I always advise water to be drawn with a soft rubber catheter. Great care should always be taken to sterilize whatever instruments are introduced, so that we do not cause new infection. When the urine is clear immediately after having been passed, and on examination shows no pus, the case can be regarded as cured.