

acts of micturition were not nearly so frequent. Unfortunately I was prevented from continuing the treatment longer, though the results were very promising. The next case, however, demonstrated to a certainty the value of the method.

CASE I.—J. H., aged 65, admitted December 17, 1896, complaining of constant dribbling of urine, chronic cystitis of 30 years' standing, following rupture of the urethra, operation, etc. Cystitis became greatly aggravated six years ago, frequency of micturition increased and for the past three years has dribbled constantly—patient wearing cloths between the legs to absorb it. On examination, the bladder was found to hold only 30 c.c. (31), urine ammoniacal, full of pus and mucus. Intravesical irrigations begun, hydraulic pressure maintained as long as patient could stand the pain it produced. The tabulation shows the progress of dilatation.

CASE I.—J. H. CYSTITIS, THIRTY YEARS' DURATION.

DATE.	Day of Treatment.	CAPACITY OF BLADDER. Largest amt held on forced distention.	INTERVAL.		REMARKS.
			Longest time between two urinations.		
			Hr.	Min.	
Dec. 17		30 c. c.			Admission, urine ammoniacal, loaded with pus and mucus. Constant dribbling. Clothes saturated with urine.
" 26					Dilatation begun. Bichloride, 1 to 150,000, and Boracic acid, 2 per cent. b. i. d.
" 27	1	40			Urine clearer. Reaction less alkaline. Still dribbles.
" 30	4	90			
Jan. 6	11	200			Reaction acid. Great general improvement.
" 11	16	210		30	Has ceased to dribble. Urine voided every 30 minutes.
" 16	21	215	1		Bladder unable to expel all urine. Sixty c.c. residual. At times voids 16 c.c. naturally. Urine acid. Pus slight.
" 23	28	255	1	30	Treatment discontinued.
" 24					
Feb. 20		215			Treatment resumed (after a month). Urine again alkaline, voided at frequent intervals. Bladder about same size.
" 27	7	290			Bladder has been dilated from 30 to 280 c.c. Cystitis greatly improved. Dribbling ceased.
Mar. 6	14	280	3		Bladder, however, has very little "tone." The muscle has probably been largely replaced by fibrous tissue. At present there is a residual of 60 to 100 c.c. Great general improvement.

CASE II.—J. T., aged 41, admitted March 26, 1897, complaining of painful and frequent micturition, chronic cystitis ten years. Voids urine generally every fifteen minutes. Suffers constant pain in bladder. Passes large amounts of blood. Examination. Bladder holds 30 c.c. (31). Urine passed every 20 or 30 minutes. Alkaline, full of blood and pus. Dilatation treatment. Boric acid or Thompson's fluid irrigations without catheter four times daily. Chart shows progress.