

used the ordinary fountain syringe, with "Y" in the main tube leading to two branches, the one being clamped while the bladder was filled, then released, and the other one clamped while the bladder was emptying. (Dr. Macdonald here produced the apparatus for inspection.) At the end was an ordinary soft catheter. For women he used a glass catheter, and found it very satisfactory. He commonly used much weaker solution of the permanganate and the bichloride than Dr. Greig had used. The bichloride was apt to produce considerable pain. A large injection would wash out the folds better than a small one. As to frequency he would wash out two or three times a day at least. If this treatment did not effect a cure the best thing would be cystotomy and drainage. It was easy to cut a hole in the bladder and drain; but such cases were not invariably successful, so he considered it wise to persevere with the washing out and the general systemic treatment for a considerable time before resorting to operation.

Dr. MACFARLANE said that he had listened with a great deal of interest to the report of the case. From what had been said, he could not see that the symptoms were those of cystitis, as there were no subjective symptoms. There was no frequency of micturition, no increase in the quantity of urine, and no constitutional effects of the disease. In his experience, cystitis acted entirely differently, whether from stone, tubercle, or from whatever cause. Frequency of micturition was invariable. There was also a certain amount of restlessness on the part of the patient, especially at night; and then there were constitutional disturbances. The washing-out with strong escharotics would do more harm than good, whether permanganate, bichloride, or silver nitrate. He did not think it wise to throw them into the bladder where there were no other symptoms than the presence of pus.

Dr. O'REILLY asked if Dr. Greig had used Skene's mixture, containing benzoic acid and carbonate of potash, internally.

Dr. GREIG said that he had used benzoic acid and buchu. He had found a number of drugs that would purify the urine, but when he ceased using them the urine would again become foul.

Dr. COOK suggested that there might be some trouble in the pelvis of the kidney. He asked if there were any symptoms referable to the kidneys. He spoke of administering the turpentine by inhalation. This was useful in the case of children. Half an ounce to two ounces might be used in this way during twenty-four hours.

Dr. FOTHERINGHAM asked if any of the Fellows had tried oxalic acid in small doses for these bladder cases. He had seen it act promptly in one or two cases. He had seen no rational explanation of its use.