when the fistula is closed and the patient discharged. On the other hand many cases clear up only to a certain point, and go no further, and of these I wish to speak somewhat particularly, for this is that large residual group of our worst cases of cystitis, generally looked upon as hopeless.

Let me briefly outline the treatment of such a case. In the first place, given one of these intensely inflamed old cases of cystitis in a patient worn out with vigils and suffering, mild courses of treatment are worse than useless, serving only to increase the distress. To avoid discouragement, tell the patient, who has suffered for years, that she must be content to give a few months or perhaps a year or more to getting well. Then begin by opening and draining the bladder, then when you find the organ cleared up to one spot you may try for a few weeks to heal that by direct applications of nitrate of silver or argyrol, and in this you may succeed. If you fail and there is a tendency to relapse, make a suprapubic opening and cut out a crescentic piece, including the entire thickness of the bladder wall, and sew it up with catgut suture on the inside and fine silk on the outer surface.

If you have to open the peritoneal cavity, and the bladder is a foul one, you can sequestrate the entire vesical region by suturing the round ligaments and the uterus to the abdominal wall from side to side, converting the peritoneal cavity behind the symphysis into a closed pouch, which is then drained over the symphysis. In a bad case which I treated in this way and had to open later for an ovarian trouble, there was no trace of the pouch left.

I have not found great help from the making of a small suprapubic opening in association with a vaginal opening for through and through drainage. If, however, worst comes to worst, I would make a big suprapubic opening, partially detach the recti, and put the patient in the hot tub for as many hours daily as she could stand.

I. Mrs. R., age 55, came to me in October, 1899, with a chronic cystitis which had persisted for fourteen years in spite of being several times "cured." I found the entire vesical mucosa covered with scattered foci of ulceration pouring out a curdy pus. The urine was alkaline, containing a short organism, probably the colon bacillus.

She received under my care the following treatments: A borax and soda solution by irrigations, applications of the nitrate of silver (2—4 p.c.), insufflations of boric acid powder against the diseased vesical wall, formalin irrigations (1—15,000 to 1—2000), irrigations of silver nitrate from 1 to ½ p.c. strength.

Under these treatments there was a steady improvement. the organisms decreased, and the capacity of the bladder increased from 60 to 280 cc. She was cured in 41 days and has remained well ever since. I tested the efficiency of the treatment by making cultures on sevceral successive