

indication in the treatment of inflammation." This was reported in the *New York Medical Journal* for July, 1851.

The other is T. A. Emmet, who in 1858 operated for a vesical calculus and by the advice of Marion Sims left an opening in the vesico-vaginal septum for the greater facility afforded in the treatment in the efforts to restore the organ to a healthy state. Subsequently to this, Emmet "made an artificial vesico-vaginal fistula, with a view of giving rest to the organ by the free escape of urine." (*Amer. Prac.* for Feb., 1872.) Emmet records several cases of cystitis treated by this plan in his classical work on vesico-vaginal fistula, published in 1868, while Parker also presented at the New York State Medical Society in 1867 a paper on "Cystitis and Rupture of the Bladder treated by Cystotomy."

One of Emmet's most rebellious cases, a woman who had suffered for three years, after cystotomy and irrigations of the bladder, was examined "endoscopically" by Dr. Newman, June 1st, 1869, and the bladder found free from disease, whereupon Emmet closed the fistula, and with some further slight treatments she fully recovered.

I mention these facts, as I am sure we are too prone to forget the skilful labors of our predecessors, upon which all that we are successful in doing to-day rests as a sure foundation. All honor to these noble painstaking pioneers in this most difficult corner of our field of labor.

#### ETIOLOGY.

Again I turn with no little pleasure to Emmet, who, writing in 1872, says: "Neglect during labor to keep the bladder empty, exposure to cold, violence, and the habit of long retaining the urine, are the chief exciting causes of the most serious forms of cystitis." In investigating this, as in other inflammatory affections, we have to consider two factors—the predisposing causes which prepare the ground for the cystitis to which we have but little to add to what Emmet has said, and the exciting cause, the particular living organism which is the immediate agent in setting up and in maintaining the disease. It is this last important factor which has given us a new conception of the subject and served to modify and direct our treatments.

Contrary to the opinions of some ten years ago, we now know that the mere presence of organisms is not sufficient of itself to excite a cystitis. This is seen in cases of bacteriuria, where, although the urine is loaded with organisms, there is but a nominal lesion, or no lesion at all, in the bladder.

The following predisposing factors are important:—

1. Localized congestion.
2. Traumatism.