

tabes or after labor, retention from a sense of modesty associated with the use of the catheter is a prolific cause.

Ill-health renders the whole body liable to the invasion of organisms, and coupled with any of the preceding factors renders the bladder a locus minimæ resistantæ.

What are the organisms, then, which serve in the presence of such predisposing conditions, to bring about and maintain a cystitis?

I turn to answer this question to an admirable summary of my own cases, made by Dr. T. R. Brown, and published in the Johns Hopkins Hospital Reports, Vol. X., Nos. 1 and 2 for 1901.

There were twenty-five cases of acute cystitis, which revealed the presence of

<i>B. coli communis</i> .....	15 times
<i>Staph. pyogenes albus</i> .....	5 times
<i>Staph. pyog. aureus</i> .....	2 times
<i>B. pyocy. aneus</i> .....	1 time
<i>B. typhosus</i> .....	1 time
<i>Protens vulg.</i> .....	1 time

And in 22 cases of chronic cystitis, Dr. Brown found:

<i>B. coli communis</i> .....	11 times
<i>Staphyloc. pyogenes aureus</i> .....	3 times
<i>albus</i> .....	2 times
<i>B. coli communis</i> (with tub. bac.) .....	1 time
Unidentified (possibly a variety of the <i>B. coli</i> )..	1 time
<i>Pyuria sterile</i> .....	2 times
<i>A staphyloc. albus</i> (which, decomposed in urea, was pyogenic, but either did not liquefy gelatine or did so extremely slowly) .....	2 times

There were also six cases of tuberculous cystitis.

Contrast these findings with those of Melchior, and you will find the similarity is in some respects a striking one. (Fr. VIII., 291.)

Melchior examined thirty-six cases of cystitis (seventeen women) and found:

<i>B. coli communis</i> .....	25—17 pure cultures
<i>Streptococcus pyogens</i> .....	5—3
<i>Protens Hauser</i> .....	4—1
<i>B. Tuberculosis</i> .....	3—2
<i>Diplococ. ured liquef.</i> .....	3—2
<i>Staphyloc. " " Lundstrom</i> .....	3—1
<i>Streptobac anthracoides</i> .....	3
<i>Gonococcus Neisser</i> .....	1
<i>Typhus b.</i> .....	1