

Most of the cases were of gonorrhœal origin, and in nearly all the inflammation was confined to the neck of the bladder. Extension backward of gonorrhœa into the neck of the bladder, accompanied by a sharp onset of urinary symptoms, is, of course, common enough. In non-gonorrhœal cases the cause of the cystitis is not always clear, but in a certain number is apparently traceable to a posterior urethral catarrh resulting from congestion of the prostatic portion, with or without inflammation of the seminal vesicles, and brought about by prolonged and repeated sexual excitement. It begins insidiously, has little or no tendency to recover, and is apt to be difficult to manage.

As regards the treatment of cystitis, of the various internal remedies I prefer the saline diuretics, especially benzoate of sodium. Few surgeons nowadays, however, would long defer local treatment of the disease. For the simple purpose of washing out the bladder, perhaps a saturated solution of boric acid gives, on the whole, the best results. For the purpose of producing a decided impression upon the mucous membrane of the vesical neck I have had very gratifying experience with nitrate of silver and permanganate of potassium. I have tried various other substances, but not to a sufficient extent to furnish data of any value.

Nitrate of silver is, of course, familiar to all, and I suppose is more used than anything else in the deep urethra, and deservedly so, for it is probably the most valuable remedy we have. It is, therefore, so well known and has been so much written about that little need be said of it here. I will merely remark that I use a milder solution than formerly, rarely going above one per cent., but usually inject rather more, that is to say, ten or fifteen minims instead of four or five. I think, also, that these injections are much more effectual if immediately preceded by the passage of a large sound, except in the more acute cases.

Permanganate of potassium, so far as I know, has not been very extensively used in the bladder,—at least, I do not remember having seen the reports of its use. I have employed it a good deal in the last six years with great satisfaction in cystitis and chronic prostatitis, and reported some cases four years ago. Where it fails, nitrate of silver often succeeds, and *vice versa*.

The bladder should be thoroughly irrigated with the permanganate solution, and this is conveniently done by means of a large Ultzmann syringe (which has a capacity of about five ounces) connected with an elastic or soft rubber catheter. One syringeful at a time is injected and allowed to flow out again, and so on until the solution comes away with as bright a color as it went in; then two or three ounces are injected and left in the bladder, which the patient should hold as long as he comfortably

can. It does not seem to me necessary to have the eye of the catheter just in the deep urethra during the injection, as advised by Ultzmann and others; if it projects a little beyond, it seems to serve the purpose as well. The fluid apparently settles down into the neck of the bladder as the patient walks about, and exerts a stimulating and astringent action on the mucous membrane; this is checked, however, before it has time to become irritating, by the decomposition of the solution, which takes place as soon as a small quantity of fresh urine is secreted. It is well to begin with a solution of about 1 to 4,000 or 5,000; weaker than this is useless on account of its rapid decomposition. It may be increased at the next sitting, generally after an interval of four to six days, to a strength of 1 to 3,000. For the third and subsequent injections a 1-to-2,000 solution may be used, if well borne. The treatment is a mild and safe one, but is more troublesome to carry out than the instillations of silver nitrate. If good is to result, it is soon apparent, and if there is no improvement after a few injections it might as well be abandoned.—*Coll. and Clin. Record.*

ACUTE INFANTILE ARTHRITIS IN THE HIP.

To recapitulate, the primary causative factor in acute arthritis is to-day believed to consist of an acute infection of pyogenic micro-organisms. This infectious matter may enter through any damaged surface of skin or mucous membrane or any subcutaneous phlegmon. Other predisposing causes may also exert an influence. Of these, traumatism acts principally to determine in which joint the affection shall manifest itself. The injury may be a slight one, and traumatism acts less frequently in the hips than in the more exposed joints. The infectious diseases, scarlet fever, measles, chicken-pox, variola, typhoid fever, and parotitis may accompany or precede an attack of acute arthritis; their rôle is still very imperfectly understood, and the same may be said of tuberculosis and syphilis. They may act either in making easy the entrance for the pyogenic germs, or in reducing the patient's capacity for destroying and eliminating them. Since specific germs of typhoid fever have been found during the fever, both in osteomyelitic marrow and joint pus, it is possible that the typhoid bacillus may occasionally be a pyogenic factor. Tuberculosis and syphilis may predispose to the affection. An acute infectious suppurative synovitis without lesion of bone may also simulate very closely what is usually regarded as the ordinary form of acute arthritis.—*AUGUSTUS THORNDIKE in Boston Med. and Surg. Journ.*