

but equally efficacious spring water from a home source. It is the old tale of the bread pill and the placebo.

*Urotropin* in 5 to 10 gr. doses is of value in the more recent cases, especially where there is a tendency to alkaline changes. (Nicolaiier.)

The citrate of potash is valuable where the urine is too acid, while boric acid is of use to make the urine acid.

There is some advantage in reversing the chemical reaction of the urine under which the organisms are flourishing, though not so great as one would have anticipated.

Cantharidin has been used by Freadenberg with the greatest benefit, in a series of 56 cases, curing 32 rapidly. The R. is Canth. (Merck.) 0.001 in 1.0 alcohol dissolved in 100 water. Take three or four times a day in teaspoonful doses.

I use also fluid extract of corn silk (*Zea mais*) in teaspoonful doses with advantage in the amelioration of the symptoms.

*Irrigations* form perhaps the most important means of treatment at our command, and with irrigation it is well to combine *distention* of the bladder.

The simple daily cleansing of the bladder in this way is of the utmost value and many cases would recover rapidly if only bland fluids were used.

The two most efficient drugs here are the nitrate of silver, 1-1500 to 1-500 or stronger, and mercuric sublimate 1-1000.

As good a plan of administration as any is to connect a rubber tube with a funnel attachment to the catheter, and then slowly elevate the funnel two or three feet above the level of the pelvis. By the amount borne and the height, one can pretty well estimate the progress of the more difficult cases towards recovery. The great quality of importance here for both patient and practitioner is patience. It sometimes takes weeks or months to secure the first decided step in advance, with many apparent backsets in the interim.

I must confess to you right here that in several of my cases which we have worked over for one or two or even more years, securing a recovery in the end, I would never have had the courage to persevere were it not for the unflagging interest and zeal of Miss Cook, my chief nurse, who has personally conducted almost all of the treatments.

*Direct topical treatments.* When a cystitis is in the chronic stage and is furthermore localized in a small area in the bladder, one for example which could be covered by the last joint of the thumb, direct topical treatments often hasten the improvement and even effect a cure. The bladder is emptied and the patient put in the knee-chest posture, then through an open cystoscope, using a reflector or other suitable illuminant, the patch of inflammation is exposed and treated just as a chronic