for instance, those of rheumatic, gouty, and infective nature, which are not of frequent occurrence —there cannot be included in the above category scarcely any save severe accidental or surgical traumatisms of the bladder, and too sudden and complete evacuation of this organ after over-distension. Gonorrhœal urethritis does not often give rise to cystitis, except under the influence of some occasional cause or in a predisposed subject. Most of the predisposing causes act quite simply by determining a more or less persistent congestion of the bladder; others have a more or less obscure mode of action, although their influence is very decided. Chief amongst these predisposing causes are the tubercular, rheumatic, and gouty diatheses. These predisposing causes may sometimes become exciting causes by increase, extension, or repetition of their action, or through association with that of other causes of the same group. These latter causes are congestion and slight inflammation of neighboring organs, especially in the female; tumors, calculi, and foreign bodies in the bladder; incomplete retention of urine, with or without distension; habitual resistance to the needs of micturating, and all the causes of dysuria and functional over-activity of the bladder; stricture and foreign bodies in the uretha, hypertrophy of the prostate, etc. Finally, the part of exciting cause is more especially played by sudden and complete retention, by cold, by catheterism or exploration of the bladder. The latter cause can act only on a bladder predisposed by the presence of a tumor or calculus; the other two causes are more active, and may even by themselves suffice to excite an attack of cystitis. M. Hatche's study of the pathogeny of cystitis has led him to insist on the importance of congestion and diathetic influences, especially the tubercular diathesis, and on the relatively limited part played by lesions of the urethra and prostate.—*London Med. Record.*

Treatment of Abscess of the Liver.—A few years ago M. Jules Rochard reported to the Académie de Médecine a method of healing abscesses of the liver by large and direct opening, combined with the Listerian antiseptic method. This operation consists, when the abscess is only suspected, without being diagnosticated, in using the needle of an aspirator. Then if pus be found, the needle is used as a director along which a bistoury is carried, and the abscess is opened. The cavity is then injected with antiseptic solutions, and drained. About the same time, Surgeon-Major Oberlin, of the French Army, had occasion to treat several cases of abscess of the liver. He gives the history of three cases. The first case was aspirated with Potain's aspirator, a large amount of chocolate-colored pus drawn off, and the patient recovered.

The second case was that of a woman, thirty-six years of age, about ℥xviij of chocolate-colored pus were drawn off with Potain's aspirator. The patient then had an attack of intermittent fever, and the abscess partially refilled. A little more than ʒvj of pus were removed. About six weeks afterwards a third aspiration removed about ʒviij of pus. The fever continued, however, the patient got no better, and the abscess refilled. One week after the third aspiration the abscess was opened with a large trocar, the pus removed, and a caoutchouc tube introduced. A 1 to 40 solution of carbolic acid was then thrown into the cavity, and a Lister dressing applied after the injection had ceased to return clouded. The dressings were repeated daily for five days, when the first tube was replaced by a short one. The wound was completely cicatrized in a month.

M. Oberlin believes that in using the aspirator it is well to make several punctures at intervals. He also states, what is not new, but worthy of further attention, that abscesses of the convexity of the liver cause pain in the right shoulder; but this is absent in cases of abscess of the left lobe or base. —*Archive. de Méd. et Pharm. Mil.*, Oct. 1, 1884.

Voluminous Enemata of Nitrate of Silver in Chronic Dysentery.—Dr. Stephen Mackenzie read a paper on this subject before the Clinical Society of London *(Med. Times)*. The mode of procedure he adopted was as follows: The quantity of nitrate of silver to be used was dissolved in three pints of tepid water in a Leiter's irrigating funnel, which was connected by India-rubber tubing with an œsophageal tube with lateral openings. The patient was brought to the edge of the bed and made to lie on his left side, with his hips well raised by a hard pillow. The terminal tube, well oiled, was passed about eight or ten inches into the rectum, and the fluid allowed to force its way into the bowel by gravitation. The injection rarely caused much pain, and often none. It usually promptly returned, but when long retained it was advisable to inject chloride of sodium, to prevent absorption of the silver salt. Various strengths had been used, from thirty to ninety grains to three pints of water, but usually one drachm of nitrate of silver was employed. The treatment was based on the view that, whatever the nature of dysentery, whether constitutional or local, in the first instance, the later effects were due to inflammation or ulceration of the colon, which was most effectually treated, as similar conditions elsewhere, by topical measures. Sometimes one, sometimes two injections were required, and in some cases numerous injections were necessary; but in all cases thus treated, many of which had been unsuccessfully treated in other ways previously, the disease had been cured. The cases narrated were: 1. In which the disease had lasted several years on and off; two injections were used and the case was cured in six weeks.