

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 lesi, or no lesi at all, in the bladder.

The following predisposing factors are important :

1. Localized congestion.
2. Traumatism.
3. Retention of urine.
4. Reduced health.
5. Two or more of these factors combined.

The congestion may result from "catching cold" and exposure, or from the action of toxins or chemical irritants on the bladder, excreted by the kidneys or from a hyperacidity of the urine, or again from the presence of tumors in the bladder.

Traumatisms arise from labor, especially where the forceps are used with the bladder not emptied, from the use of the catheter, and most important, from surgical operations on the uterus involving the detachment of the bladder, and from stones lodged in the bladder.

Retention of urine from faulty emptying of the bladder, as in