Personal History.—Patient has always been "delicate," but has never had any prolonged spell of illness.

Present Ailment.—About thirteen months ago she began to have slight pain on urination, which grew rapidly worse, notwithstanding the remedies given by her physician. For the last five months blood has frequently appeared in the urine.

The frequency of urination is much greater at night, when she is often compelled to get up 8 or 10 times. She does not think the pain is increased by exertion, but says one week ago when coming to the hospital she had agonizing pain and several blood clots were passed.

There is a constant dull pain over the bladder, which becomes sharp and cutting during micturition. About the time the patient began to experience painful urination she noticed a yellowish vaginal discharge, which was probably of gonorrhœal origin.

Present Condition.—Patient says she has lost considerable flesh since illness began. Defecation painful when bowels are constipated. Frequent and painful urination. When the paroxysms come on the patient has an expression of intense pain.

Examination of Bladder.—Urethra congested and reddened. The vesical trigone is intensely reddened, the rugæ stand out prominently, and over the surface of the bladder are flakes of pus and small blood clots. The area of intensest inflammation is in the inter-ureteric area and gradually shades off towards the fundus of the bladder.

In the areas of greatest inflammation the mucous membrane is of an angry red and bleeds when touched lightly with the ureteral searcher. The capillaries are indistinguishable in this portion of the bladder, and a careful search of the bladder fails to reveal the ureteral orifices. In the less congested areas above the trigone the capillaries are prominent, and at various points small, intensely red clumps or congeries of minute vessels are seen.

The anterior wall of the bladder in many places appears normal.

Treatment.—Application of ten per cent. ichthyol gelatine by means of vesical balloon. Patient experienced great pain at the time of application.

22, 10. Patient greatly relieved two hours after treatment, and still feels much better than before the treatment.

23, 10. Balloon again applied, still very painful; bladder appears less congested and the ureteral orifices are faintly visible. Marked improvement in symptoms; urination much less painful. Patient got up only three times last night.

10, 11. The bladder has been treated every third day since the last note was made, and now appears almost entirely well. The patient no longer experiences any pain between the treatments and thinks she is entirely well. Advised to remain one week longer

11, 16. Patient discharged to-day. The mucous membrane has assumed a perfectly healthy hue, except a slightly increased reddening around the ureteral orifices. No treatment since the last note. The pain is entirely relieved, and the patient got up but once last night to urinate.

NOTE.—Later experience in the treatment of cystitis has proved that the introduction of the fluid gelatine into the bladder by means of a long slender pipette, immediately before introducing, the balloon is of the greatest therapeutic value, as a greater quantity of the medicinal agent is in this way brought in contact with the inflamed areas.

Since the original report of this method of treatment before the Johns Hopkins Hospital Medical Society, a number of long standing cases of cystitis have been treated successfully.

When you have found pus in an exploratory puncture, *never* take out your needle, if the case is one for operation, until the pus cavity has been widely opened.

Examine the urine for sugar in all cases of carbuncle and in all cases of eczema, especially eczema of the genitals.