

Selections.

CAUSES, DIAGNOSIS, AND TREATMENT OF CYSTITIS.

In the *Medical News* of April 7th, 1900, appears a complete and comprehensive article with above title by Dr. Ramon Guiteras, a recognized authority on diseases of the genito-urinary tract. We print herewith portion of this paper on "Treatment of Cystitis Due to Tuberculosis."

"In the treatment of tubercular cystitis, the practitioner encounters a condition that taxes all the resources at his command, and he errs, as a rule, on the side of too much, rather than too little, treatment. In other words, it often happens that the more you treat the patient locally for his cystitis, the worse the condition becomes. It is, therefore, necessary to proceed cautiously in the treatment of this form of bladder inflammation, and, above all, it is important to improve the general condition of the patient as much as possible. If we were to treat patients suffering from tubercular cystitis along the same lines as pulmonary cases, namely, by sending them away to lead an open-air life under conditions that would improve their nutrition to the utmost, the condition would be much more rapidly improved or cured than by anything that could be done by the ablest specialist of the period.

"Numerous remedies have been recommended by different authorities for the treatment of this form of cystitis, and, naturally, every practitioner who encounters this rebellious trouble grasps at anything that offers the probability of a cure. Guyon at one time advocated the use of intravesical injections of bichloride of mercury, 1 to 10,000, and since then many have been following his advice, but such a solution will rarely cure this disease, while it usually produces an irritation that is almost unbearable.

"Nitrate of silver and permanganate of potassium have the same effect. Boric acid and boro-glycerine irritate less, but do not seem to possess the power to ameliorate the disease. Recently iodoform injections have been advocated, and the procedure would seem to be founded on a logical basis. Three or four ounces of a five per cent. solution of iodoform in liquid vaseline are injected into the bladder every two or three days, the patient being instructed to watch the stream when he urinates, and stop the flow just as soon as the oil appears. This forms a permanent iodoform dressing of the bladder-wall, and