ing becomes marked, blood is noticed in the last few drops of the water."

The writer goes on to explain that in a few hours the patient complains of pain in one loin over the kidney, and skilful bimanual examination shows the kidney to be distinctly tender and the loin resistant; the muscles may even be rigid. In four or five days most of the symptoms subside, but the scalding remains and the urine is turbid. About the seventh day the temperature is normal, and the medical man permits the patient to get up, but perhaps before she does so the temperature rises again, and the same symptoms re-appear, the cause being that the other kidney is affected. Mr. Fenwick says "this apparent exacerbation of the disease takes place, I believe, when both kidneys have been weakened by previous ill-health."

In about three weeks the patient is fairly convalescent.

"The urine has become clear to the eye, the blood has disappeared, but there is still some scalding on urination; the *coli* are non-apparent, but they are there, and may be found microscopically together with pus cells. Any depreciation in health, any shock or severe chill, is liable to cause a return of the symptoms, either in the course of months or even years.

"This is the course of the mildest form of *coli* nephritis."

Herein lies the difference between the rule-of-thumb man and the modern man.

"The rule-of-thumb man will say at once: 'Cystitis! I will send on a nurse to wash out the bladder. Blood in the urine! I must sound for stone.' You notice there is no question raised as to the judgment of washing or sounding in acute and recent symptoms. It is merely a rule of thumb—pus, wash; blood, sound.

"Now, from my own experience I can assure you, under the conditions named, that with the sounding or vesical washing the patient will suffer unnecessary pain, the so-called cystitis will not subside, the variety of the bacteriological flora in the urine may increase, and that it may in consequence be impossible to cure that patient of persistent *coli* cystitis. I do not," says Mr. Fenwick, "blame the practitioner who acts in this way; I merely mention what is done.

"The modern man follows the routine which I have indicated in all cases of apparent cystitis. He gives urotropin, does not wash. He does not allow his patient to pass water when in the horizontal position, but gets her to empty the bladder on the commode, and thus avoids a 'postural cystitis.' He examines the heart and notes the tonelessness of the sounds. He despatches a sample of urine to an expert bacteriologist, and for a few shillings he obtains a report as to whether there is *Bacillus coli* or *tubercle*, or any other form of microbe in the urine; and if he finds that it is probably a hæmatogenous infection he refrains from washing out the bladder. He has a vaccine prepared as soon as possible, and starts giving the patient small doses subcutaneously at intervals of every week or fourteen days without delay. He remembers that only in the early stages of *coli* nephritis are vaccines of any value, and therefore the sooner he can get it done the better. When the case is chronic, the vaccines may relieve the bladder pain, but it will not free the urine of *coli*. Now, as regards medicines in *coli* nephritis—and the public demand medicine—the best of all is the hexa-methylene tetramine group. They do not relieve pain, but they do certainly curtail the virulence and output of bacteria."

Severe infection is rare. When it occurs the symptoms are urgent, and if they do not subside the only chance of life is surgical interference. When incised, the indurations of the kidney may even have pus in them, which will show on cultivation the *B. coli communis*.

The relief afforded by surgical treatment is often "little short of marvellous. No medicine is of any avail in these dangerous cases of acute infections—only surgery."

2.—Tuberculosis of the Renal Pelvis.

In this disease—the second which closely simulates cystitis—"the distressing bladder symptoms start quietly—insidiously for the most part. There is an increased desire to urinate, perhaps a little difficulty, but always urethral pain during and after the act. The water is murky, not necessarily bloody. . . .

"The symptoms of vesical distress in tuberculosis, instead of decreasing in force, as in *coli* nephritis, become more marked as the weeks go by. Moreover, a few questions will usually elicit the fact that the bladder distress has been preceded or accompanied by a dull aching pain in the loin, over the kidney area, not an acute agonising pain as in *coli* nephritis; also that as the weeks go by the course of the renal pain has been intermittent—now better, now worse—but it is rare for the renal pain to be so acute in its onset as in acute *coli* nephritis."

Summary.

Summarising the two diseases, the author says:—

"There are two diseases of the renal pelvis

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