Practical Points of Diagnosis and Treatment in Surgery, Obstetrics and Gynæcology.

RELIEF OF PAIN IN CYSTITIS OF OLD AGE.

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BUT few tortures could be devised to cause more suffering than the continuous strangury of elderly ladies who are suddenly afflicted with acute cystitis. Compelling painful desire to empty the bladder causes excruciating urethral pain night and day. The bladder remains tightly contracted, evacuating at once the few drams of urine as they enter the viscus. No known remedy, whether it be morphia, hyoscyamus, or urinary antiseptics gives relief. Attempts at bladder lavage increase the suffering and fail to distend the viscus, because of its irritable contraction reflex. The mucous membrane remains closely in contact, in sponge-like folds, and is never cleansed by being smoothed out as happens in a normally filled bladder. Great and rapid relief from pain can happily be given by bladder lavage under low spinal anæsthesia.

Preliminary hypnotic drugs such as nembutal gr. iii, or morphia $\frac{1}{4}$ gr. with hyoscyine gr. $\frac{1}{150}$ can, if desired, be administered one hour previously; 0.4 c.c. of 10 per cent stovaine bilion in saline are injected into the theca between the spines of the fourth and fifth lumbar vertebræ, *with the patient in the sitting position*, where she remains for three minutes after the injections.

Technique of Treatment.

Anæsthesia of the second, third, fourth and fifth sacral nerves results. This includes the nerve supply of the bladder. No immediate or subsequent general ill effects follow this procedure. Indeed it is a safe and suitable anæsthesia for frail elderly women, and can be repeated frequently without untoward results. Under this nerve block the bladder can be fully distended and without pain. Thorough lavage can be accomplished through a catheter or cystoscope, saline or boracic solution being used till the return is clear. Anæsthetic drugs such as percain, 20 c.c. of 1 in 1,500 solution, can now be instilled into and retained in the bladder while the anæsthesia remains. For four or five hours after this treatment the patient is free from pain and has much needed rest and sleep. Bladder lavage is repeated daily under low spinal anæsthesia for three days, after which the bladder can be distended and lavage carried out almost painlessly without anæsthesia; indeed by this time bladder lavage becomes unnecessary, for as micturition is less frequent the viscus becomes distended by the excreted urine which now painlessly collects in the bladder, thereby normally smoothing out the mucous membrane and washing out the viscus.