

staphylococci were obtained on culture. A penicillin sensitivity test showed that the organism was resistant *in vitro* to two units per ml. but not to five units per ml. It was then decided to persist with penicillin therapy and a second course lasting 12 days, and consisting of 100,000 Oxford units in beeswax and peanut oil twice daily was administered intramuscularly. During this treatment, straining before urination was still evident, and the dog exhibited nocturia, being urine stained each morning until placed in a kennel with an outside run. A gradual diminution in the amount of inflammatory products and in the numbers of organisms in the urine occurred during this time, until at the tenth day and thereafter the urine was sterile. It remained so for the fortnight subsequent to the end of treatment, when the dog was discharged, still showing some straining before urination. The bladder was at no time less than 5-6 cm. in diameter and this was ascribed to the residual thickening of the wall, which had not returned to normal as judged by palpation.

Although the urine had been rendered sterile, it was considered that a recurrence of the condition was likely, as the bladder wall being thickened and somewhat atonic the animal was unable to completely empty the bladder.

Discussion.

Goodman & Gilman (1941) state that in bacterial cystitis a cure can be proven only by urine culture and medication is best continued until two catheter-specimens of urine taken at four day intervals are negative. The need for these criteria is particularly evident in the case reported herein; on clinical grounds alone

a cure would have been announced at the end of the sulphathiazole therapy or at least after the first course of penicillin but bacteriological examination showed that this had not been attained.

Fleming (1946) states that in man, if a daily dose of 100,000 units of penicillin is given, the penicillin concentration in the urine, at an output of 1500 ml. per day, will be about 40 units per ml. The value of the penicillin sensitivity test lies in giving an estimate of the dose of penicillin required to inhibit the organism in question.

Summary.

A case of staphylococcal cystitis in the dog is described. The organism was resistant to sulphonamides and somewhat resistant to penicillin, but an adequate course of penicillin resulted in a bacteriological cure.

Acknowledgments.

Our thanks are due to Mr. J. D. Steel for helpful advice with the case and to Mrs. L. McFadden for assistance with bacteriological work.

References.

- Fleming, A. (1946).—"Penicillin." Butterworth & Co., London.
- Goodman, L. & Gilman, A. (1941).—"The Pharmacological Basis of Therapeutics." McMillan, New York.
- Hutyra, Marek & Manninger (1938).—"Special Pathology and Therapeutics of the Diseases of Domestic Animals." Balliere, Tindall & Cox, London.
- Romansky, M. J. (1944).—"Bull. U.S. Army med. Dep., 81: 143.

(Received for publication August 28, 1948.)

AUSTRALIAN ASSOCIATION NEWS—

Secretary of The Australian Veterinary Association:
Max Henry, D.S.O., B.V.Sc., M.R.C.V.S.

Divisional Secretaries:

New South Wales.—R. A. Potts, c/o Department of Commerce and Agriculture, Kembla Buildings, Margaret Street, Sydney.
Queensland.—R. H. G. Burns, Veterinary School, Fairfield Road, Yeerongpilly.
South Australia.—M. F. Pulsford, Institute of Medical and Veterinary Science, Box 14, Rundle Street Post Office, Adelaide.

Tasmania.—Mr. J. A. Dumaresq, P.O. Box 407, Launceston.

Victoria.—D. S. Wishart, c/o Veterinary Research Institute, Parkville, N.2.

Western Australia.—G. W. Ward, c/o Westralian Farmers Ltd., 569 Wellington Street, Perth.