the microscope. I would therefore utter the caution not to mistake a pollakiuria (frequent urination) for a cystitis. In my experience this has often been done, and then the active measures of treatment instituted have converted the innocent and annoying disease into a dangerous one.

Again a caution: You are likely to mistake a dysuria from hyperacidity of the urine for a true cystitis, unless you apply some other test than the subjective symptoms.

Yet another caution: A little affection in the vesical trigonum by the intensity of the symptoms it provokes may hide a much graver and more advanced latent affection in one of the kidneys.

The diagnosis, to be sure and satisfactory, should ascertain not only the fact that there is a cystitis, but its extent as well.

A diagnosis which begins and ends with the word "cystitis" is as accurate as the statement that the patient has thoracic disease.

Again, even though we determine the nature of the infecting organism, the diagnosis is still no more accurate than it would be to say that the patient has pulmonary tuberculosis. You see here readily enough how vital are the questions, where is the disease located? and, how extensive is it? Apply like questions to the bladder.

Let the man who is willing to go carefully into his cases rest his diagnosis on these features:

1. History, including symptomatology.
2. Examinations of the urine, microscopic and bacteriologic.
3. A direct inspection of the interior of the bladder.

I cannot urge with sufficient earnestness the ease with which the examination is made through the open cystoscopes without any intervening medium of lenses or water, nor can I sufficiently declare the importance of the results thus obtained in clearing up and giving precision to the diagnosis.

With such examinations cases of bacteriuria become much rarer, as some infection of the vesical mucosa is almost always found, even though there is a remarkable disproportion between the local disease and the numbers of the bacteria.

TREATMENT.

I am glad to address you on the subject of the treatment of cystitis, as I have now had an experience of over 500 cases, which have been carefully collated from my records by Dr. Campbell of this city.

I think we have gone as far as we can under existing conditions and must await some fresh and important discovery to change our present methods materially, and when the specialist feels that he has pretty well thrashed a subject out, it is time to hand his work over to the general practitioner to see how much he is ready and able to appropriate.