

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 factors:

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

I cannot urge too forcibly the ease with which the examination is made through the open cystoscope, 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 especially glad to address you on the subject of the treatment of cystitis, as I have now had an experience of over five hundred cases, which have been carefully collated from my records by Dr. G. J. Campbell, of this city.

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

Three important factors enter into the successful treatment of cystitis:

1. A full, carefully written analysis of the case, including a description of the lesions seen in the bladder.
2. A well-defined campaign against the disease, progressive in character.
3. Untiring patience.

All preliminary discussions as to history, etiology, and pathology lead up to the two great practical issues: How to prevent the disease, and How to get rid of it.

*Prophylaxis.*—I am convinced that if we pay closer attention to prophylaxis there will be a prompt and a large reduction in the cases of cystitis. Many of the cases seen nowadays follow some abdominal surgical operation.

A potent factor in the prophylaxis is the proper use of the catheter, which I may summarize as follows:

A sterilized catheter; cleansing of the external genitalia and