

which in part are still adherent to the mucous membrane by thin threads, while the swollen follicles project as dark red points. The mucous membrane bleeds very readily. The mucous membrane, in the vicinity of the internal orifice, including the trigon, is of a very red color. The subjective symptoms are very marked in acute cases. Those of importance for us to remember are, frequent urination, pain, muscular spasm, hematuria, fever and pyuria. Increased frequency of urination is one of the earliest symptoms, often preceding the development of acute pain by some hours. The relief afforded the patient by the passage of a few drops of urine lasts but a short time. As soon as a small quantity of urine accumulates in the neck of the bladder the patient has again an uncontrollable desire to urinate. After passing the amount accumulated, the tenesmus is extremely severe; the patient will lean over a vessel, straining, with great beads of sweat gathering on the surface of the body, and often the bowels are involuntarily evacuated, and later hemorrhage may follow. Pain is now most intense at the neck of the bladder reflected to the perineum and sometimes radiating into the loins or down the thighs. These symptoms are modified as the disease emerges from the acute stage into the sub-acute or chronic. In the acute cases of cystitis the tissue changes of the bladder are not marked, however. In some cases we do find edema of the mucous membrane, but in chronic cases the formative changes are usually very great. The mucous membrane becomes thickened by reason of round-celled infiltration and the conversion of this into fully formed connective tissue. The epithelium may be thickened by excessive cell proliferation, or may be thinned by degeneration, usually fatty in character. The vessel-walls likewise show a proliferative periarteritis. The overgrowth of the mucous membrane, and with the hypertrophy of the muscularis and the contraction of the bladder, explains the rugous appearance often seen.

In order to treat a case successfully we must first make a perfect diagnosis, then remove the cause, when possible, according to indication. It would be useless for us to attempt to cure a case of cystitis, the result of a foreign body, or should it be due to the administration of a drug such as cantharides or tincture of iron or what-not, without removing the irritation, or withdrawal of that article and the substitution of Sanmetto, and in some cases an addition of an alkaline diuretic will effect a prompt cure. It is absolutely necessary in some cases to administer some form of opium