

Second, the disease is often localized in a few well-defined patches; it is rarely universal.

The following clinical forms may be recognized, apart from the determination of the infecting organism or organisms:

1. Catarrhal, involving the superficial mucosa.
2. Desquamative.
3. Ulcerative.
4. Granular.
5. Papillary.
6. Bullous edema.

The important divisions of cystitis into acute and chronic separate the cases according to duration and intensity of symptoms.

#### DIAGNOSIS.

A diagnosis of cystitis may be made when pus is found in the urine, in association with an inflamed area in the bladder; it may be inferred by such symptoms as pain and frequent urination, and established by a direct visual examination of the interior of the bladder.

A persistent, acid pyuria, which does not yield any organisms on the ordinary media, should always excite suspicion of tuberculosis. The best way to settle the point, if the tubercle bacilli cannot be found, is to inoculate a guinea-pig with the sediment, injecting it either into the peritoneum or under the skin.

I must bear in mind that my remarks may fall into the hands of some busy practitioners who find it hard to get time to use 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 but annoying disease into a dangerous one.

Again, a dysuria from hyperacidity of the urine is likely to be mistaken for a true cystitis, unless some other test than the subjective symptoms is applied.

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 existence of a cystitis, but its extent as well.

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

Again, even though the nature of the infecting organism is determined, the diagnosis is still no more accurate than it would be to say that the patient has pulmonary tuberculosis. In the latter case you see readily enough how vital are the questions,