

which has been partly precipitated. Some patients notice that with or after the last drops of urine pure pus escapes. By examination with the microscope we find pus, mucus corpuscles and large flat epithelial scales from the bladder. The reaction of the urine is usually acid. If alkaline, this reaction is generally due to hematuria. In a great many cases of cystitis we find albumin present in the urine. We only find albumin in cases where we have had hemorrhage. In some cases of cystitis we find apparently partial paralysis of the bladder. The bladder, despite micturition, remains half filled, and can be felt above the symphysis. If the acute posterior urethritis subsides, the tenesmus and hematuria disappear, while the symptoms of acute purulent cystitis remain, and will likely become chronic if not properly treated. Acute cystitis is a rare complication of acute urethritis. It rarely happens that an acute anterior urethritis extends unnoticed to the parts posterior and then gives rise to cystitis. More frequent are cystitides, resulting from sub-acute and chronic posterior urethritis. The subjective symptoms of inflammation of the prostatic portion of the urethra are similar to those of cystitis, and it is not uncommon to find both conditions existing in the same case. Finger recommends as for differential diagnosis, between posterior urethritis and cystitis, besides urinating in the three different glasses, take a small elastic catheter, introduce into the bladder, wash bladder out with warm water; after draining bladder thoroughly, catheter is left in position, putting plug in same to prevent escape of urine. At the end of an hour the urine accumulated in the bladder is discharged through the catheter. If urine is found clear cystitis is excluded. To the superficial observer phosphaturia is a great many times mistaken for cystitis, as it presents a similar picture. I would recommend Ultzmann's simple method for differentiation as follows: Place cloudy urine in test tube; if cloudiness disappears on boiling after adding nitric acid cloudiness is due to urates. If it becomes more prominent after boiling add a few drops of acetic acid; if it now disappears, cloudiness is a result of earthy phosphates; if unchanged it is due to pus. I think it is well, if we are dealing with a case of cystitis, for us to make a cystoscopic examination. The changed appearance depends on the amount or extent of the progress of inflammation. The bladder is found more or less rugged in toto or in places more or less reddened or traversed by dendritic vessels. The epithelium is lifted from its base and loosened in shreds,