Tuberculosis of the Bladder.

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ART. XVII.—On Tuberculosis of the Bladder.a By T. E. Gordon, M.B., F.R.C.S.I.; Surgeon to the Adelaide Hospital.

PREFACE.

Cystitis has been divided by a recent authority into three classes:—1. Catarrhal or non-suppurative. 2. Suppurative with alkaline urine. 3. Suppurative with acid urine.

I do not consider this classification, in all respects, a safe one, for it is based on views held by the author of it in opposition to the teaching of other and equally competent observers. My reason for alluding to it now is because it brings into prominence the important fact that chronic cystitis may occur associated with acid urine.

One amongst other objections urged against the classification is that the third group embraces many forms of cystitis of entirely different origin and clinical characters. This objection draws attention to the additional fact that cystitis with acid urine is probably of frequent occurrence, seeing that it may be due to so many causes. These things being so, I think it possibly worth while to point out how erroneous and dangerous is the often-repeated statement that pus in acid urine indicates disease of a part of the urinary tract above the bladder.

It is not, however, with the general subject of suppurative cystitis with acid urine that I have to deal at present, but with one special and important form of it—that due to tubercular infection.

Tuberculosis of the urinary bladder is almost constantly a secondary affection. The primary seat of disease is

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usually in the globus major of the epididymus or in the kidney, less commonly in the prostate or some other part of the genito-urinary apparatus. That the ulceration should occur either in the area of the trigone or about the openings of the uterus is in accordance with these facts. The bladder would appear to possess considerable power of resistance to tubercular invasion, as is sufficiently shown in the often long period of immunity it enjoys in cases of tubercular kidney. Every now and then, however, one does meet with cases in which the bladder appears to be the sole part affected. It is difficult to be certain that the primary focus in these cases is in the wall of the bladder, for a small tubercular lesion might well exist in the prostate, for instance, which could scarcely be detected by rectal examination. With an acknowledgment of this possibility I wish to place before you the history of a case which I believe to be one of primary tuberculosis of the bladder:

Case.—The patient is a young man about twenty-two years of age, with a good family history. He was sent to the hospital in November, 1896, supposed to have a stone in his bladder. This is the history he gave me of his illness:—Eighteen months previously he passed a considerable quantity of blood in his urine, and two or three months later he had a second attack of bleeding, this time associated with pain. The bleeding passed off in a day or two, but the pain persisted. A recurrence of the haemorrhage was the principal cause which brought him under my observation. His leading symptoms were—1. Frequency, every hour and a half, not distinctly more by day than night. 2. Pain, felt chiefly after micturition, and referred to the end of the penis, but also felt before passing water. The pain was not very decidedly affected by exercise; he had, however, given up bicycling, as he thought it made the pain worse. 3. The blood was sometimes diffused through the urine, at other times was passed at the end of micturition. Like the pain, the quantity of blood was not unmistakably influenced by exercise. 4. He had occasional stoppage of the stream of urine due, I imagined, to spasm caused by the pain.

The only facts of interest I have record of in connection with the urine are as follows:—It was acid, contained a sediment of pus; was at times almost like pure blood, at others clear and pale in colour. Tubercle bacilli were searched for in vain. He had no symptoms which pointed towards disease of the kidneys—there