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CYSTITIS.

BY W. BRITTON, M.D., TORONTO; A PAPER READ BEFORE THE TORONTO MEDICAL SOCIETY, OCT. 16, 1888.

(Continued from last issue.)

Coulson says that it is almost impossible to distinguish the corpuscles of mucus from those of pus; that it is probable that epithelial cells become transformed into pus corpuscles, and that the latter are spherical, granular on the surface, and have divided nuclei. Occasionally shreds of false membrane are voided with the urine, and cases are recorded where obstinate retention, caused by large sheets of detached membrane, has rendered cutting operations necessary. Should the case progress unfavorably, the condition of active sensibility to pain passes eventually into a *quasi* typhoid state, manifested by hebetude, subsultus, obstinate vomiting and purging, and ends fatally by way of coma.

There may be contraction of the bladder; but, as a rule, towards the end, if unrelieved by the catheter, sensibility being obtained, the bladder is allowed to dilate to enormous proportions. In the majority of these cases the disease has affected the ureters and pelvis of the kidneys; and, as a consequence, the secreting structure of the kidney itself; so that the tubules are often dilated, the cellular elements atrophied, cysts may be present and the capsule adherent.

As a rule an uncomplicated case of cystitis is easy of diagnosis, but it is comparatively easy to overlook some of the diseases that bear a causative relation to it. The limits of this paper will not allow a full discussion of the distinguishing features of these different maladies; but a mere enumeration and brief reference to the salient points of contrast will suffice.

Diseases of the urinary tract, all the way from a diseased meatus up to nephritis, may be accompanied by pain; and, with few exceptions, more or less of this takes the form of irritability of the bladder and is referred to its neck, hence the location of uneasiness alone should not be relied upon in forming a diagnosis. The abundant deposit of phosphates, such as occurs in debilitated states, can easily be distinguished from pus or mucus by the addition of nitric acid and the use of the microscope; in addition to this there would be absence of all the urgent symptoms of acute cystitis. Phyllitis, unless the ureter is blocked up, is productive of a copious sediment of pus; but unless the bladder be involved, the urine when first voided is probably acid in reaction, instead of alkaline, as happens in those advanced cases of cystitis, accompanied by abundant pus formation; further, the albumen test will show much more cloudiness in proportion to the sediment, because the foreign element in phyllitis consists chiefly of pus not supplemented by mucus and phosphates.

Should structural changes take place in the substance of the kidneys, as usually occurs sooner or later in phyllitis, tube casts will be found. Neither will the vesical irritability be so great as in cystitis. Prostatitis, especially if leading to abscess, may closely simulate cystitis, but the distinction may be made by palpation through the rectum.

Calculi, though often productive of cystitis, may exist without it and cause many of its symptoms; but stone in the bladder, as a rule, has less scalding in the urethra, more frequent and copious hæmaturia, and the pain is greatest just after urination, while that of cystitis is temporarily relieved by it. In doubtful cases the sound settles the difficulty, unless the stone is encysted.

Simple irritability of the bladder arising from