

The Canada Lancet.

VOL. XXXI.]

TORONTO, AUGUST, 1899.

[No. 12.]

SOME OF OUR RESOURCES IN THE DIAGNOSIS, CLASSIFICATION AND TREATMENT OF CYSTITIS.*

BY E. C. DUDLEY, A. M., M. D.,

Professor of Gynecology, Northwestern University Medical School, Chicago.

When the diagnosis of cystitis was based upon the presence of pus in the urine and painful and frequent urination, its treatment gave less satisfaction to the physician and less relief to the patient than that of almost any other inflammatory disorder. Now these symptoms, pyouria and painful and frequent urination are recognized as results not only of inflammation of the bladder but as well of a variety of other lesions, especially lesions of the ureter, kidney and urethra. Moreover the cystitis itself which is often thought of as a distinct disease is now almost relegated to the rank of a symptom and is properly considered solely in its relations to certain deeper lesions which individually or collectively may underlie and perpetuate it or may result from it. Within a single decade the management of this symptom has risen from the plane of empiricism and has taken its place upon the scientific basis of pathology. This change has come about chiefly as the result of two causes:

1. Etiological investigations especially including bacteria.
2. Improved instrumentation in diagnosis and treatment.

ETIOLOGY.†

It is most important to distinguish clearly the predisposing from the exciting causes. Among the predisposing causes are:

1. Pathological urine.
2. Retention of urine.
3. Tumors.
4. Foreign bodies, especially stone.
5. Trauma.
6. Any local or systemic cause of congestion or blood stasis.

These were formerly considered the essential causes of cystitis.

Vastly preponderating at least among the exciting causes are the pathological bacteria and their products. The bacteria most frequently found are:

1. *Bacillus coli communis*.
2. *Gonococcus*.
3. *Bacillus tuberculosis*.

*Read before Trinity Alumni Association at the Annual Meeting in May, 1899.

†Senn, Trans. Am. Surg. Assn., 1898. Consulted.