

THE
CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITOR:

A. H. WRIGHT, B.A., M.D. Tor., M.R.C.S. England.

Business Management, - - THE J. E. BRYANT COMPANY (Limited), 58 Bay Street.

TORONTO, MARCH 1, 1892.

Original Communications.

**INFECTIVE INFLAMMATION OF THE
VESICULÆ SEMINALES.***

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Tubercular disease of the vesiculæ seminales is by no means infrequent; the condition is usually secondary in its development in the vesiculæ, the primary source of infection being the testicle or epididymis. This is such a well-recognized fact that in dealing with a tubercular orchitis or epididymitis, we examine the cord for thickening, and we endeavor, by rectal examination, to determine the condition of the vesiculæ seminales; our method of procedure in treatment being considerably modified if the vesiculæ be implicated in the disease.

The prostate may become involved in a tubercular process also, or the disease may be primary in the prostate, and infect the vesiculæ seminales secondarily. Is it not possible for an inflammatory process to travel in the opposite direction, affecting primarily, say the urethral tube, and involving secondarily the vesiculæ seminales? Undoubtedly the process is often reversed in this manner; thus we frequently meet with secondary involvement of the prostate and of the epididymis, the primary source of infection being the urethra, and among the common complications of gonorrhœal urethritis

are described prostatitis and epididymitis. We would be surprised if in such processes the vesiculæ seminales should be exempt from implications, and yet we are forced to one of two conclusions: either inflammation does *not* occur secondarily in the vesiculæ, or it is not recognized when it does occur. We look in vain in the standard writings on gonorrhœal complications to find any statement which warns us of the possible implication of these structures in a patient suffering from gonorrhœal urethritis.

There are close anatomical and physiological relations between the urethra, prostate, vesiculæ seminales, vas deferens, epididymis, and testicle, which may advantageously be studied in discussing the subject of this paper. The vesiculæ seminales form two sacculated bodies, each measuring about two inches long and half an inch broad, situated on the posterior aspect of the bladder, between it and the rectum. The posterior extremities of the vesiculæ are separated about three inches, the anterior extremities converge towards the base of the prostate, where their ducts join the vasa deferentia, which pass to the prostate between them. As they lie between the rectum and the bladder they are enveloped in a layer of pelvic fascia, which attaches them to the base of the bladder. The recto-vesical fold of peritoneum descends over their posterior extremities, but the greater portion of these organs is devoid of peritoneal covering. The sacculated appearance of the vesiculæ is accounted for by the fact that each is formed of

Read before the Toronto Medical Society.