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SUB-ACUTE AND CHRONIC CYSTITIS TREATED BY THE VESICAL BALLOON

BY J. G. CLARK, M.D.,

Resident Gynecologist, the Johns Hopkins Hospital.

The most frequent cause of cystitis is catheterization of the bladder without proper observance of aseptic details, in post-operative and obstetrical cases.

The highly concentrated urine excreted for the first few days after surgical operations, especially after the more serious abdominal sections, gives rise to irritability of the bladder and renders frequent catheterization necessary.

A series of observations made by Dr. Russell on the urinary excretion, in the first five days subsequent to coeliotomy shows a great diminution in the normal amount of fluids with an increase in the solids of the urine. If, in addition to this chemical irritant, infectious matter is introduced into the bladder by the catheter, the most favorable conditions are present for the production of a serious inflammation. The rigid technique in catheterization insisted upon by modern surgeons fortunately renders this complication comparatively rare, and the chronic forms of cystitis as a rule date the onset of the attack to a specific infection or a badly conducted puerperium.

The acute forms of cystitis usually yield to treatment if taken in hand at once, by mild vesical irrigations and diuretics, as it is only necessary to eliminate the cause of irritation,

which is readily reached by these means, to cause a subsidence in the inflammation.

The method of treatment which I am about to describe is not advised in these simple acute cases; but in the sub-acute or chronic cases it finds its field of usefulness. The unsatisfactory results of treatment of these obstinate ailments by the usual therapeutic remedies are universally acknowledged by all physicians and surgeons.

The late Professor Goodell, of the University of Pennsylvania, in his remarks preceding the details of treatment in chronic cystitis, usually spoke of the extreme persistence of the inflammation and the difficulty of curing it, a statement fully confirmed by the large number of remedies which he afterwards suggested for its treatment.

The one symptom common to all forms of cystitis is frequent and painful micturition, due to expulsive efforts of an inflamed bladder, excited either by a slight distension of the bladder or by the presence of irritant salts in the urine.

If the acute inflammation is not soon relieved the bladder remains contracted, the mucous membrane becomes congested and thickened, new connective tissue is formed in the vesical walls, the rugæ are much more prominent than normal, and the intervening