FOCAL SEPSIS IN THE MALE URO-GENITAL TRACT.

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If an anatomical basis be taken for purposes of classification, focal sepsis in relation to the male uro-genital tract may be considered under the following head:—

I. The kidney. By this is usually meant, though not always, the pelvis and calyces. Sepsis exists here in association with calculus, tuberculosis and neoplasm; less commonly with congenital abnormalities in the ureter and blood vessels or with marked nephroptosis. The micro-organisms concerned are B.Coli, streptococci, staphylococci, and B.proteus.

II. The urinary tract as a whole. Most cases of “coliform infection” come under this heading. These are generally regarded as “primary” haematogenous infections, though their exact pathogenesis is often uncertain. A well known clinical type is that which occurs during pregnancy.

III. The bladder. As in the case of the kidney, sepsis usually accompanies calculus, tuberculous infection or neoplasm.

IV. The prostate. The associations are simple adenomatous enlargement or chronic prostatitis, and the microbes concerned are the pyogenic cocci, the gonococcus and B.Coli.

V. The seminal vesicles. The flora are usually the same but the gonococcus is the most common microbe.

Diagnosis.

In the routine search for focal sepsis the male uro-genital tract comes naturally under survey. The prostate must not be overlooked; nor must it be passed as free from sepsis until thorough massage has been undertaken, prior to filming and cultivating the urine and secretions. The same caution applies to the seminal vesicles.

Symptoms.

The best known expression of focal sepsis due to the gonococcus is gonorrhoeal rheumatism. Some authorities consider that this condition always presupposes a mixed infection with streptococci but this is at least doubtful. “Septic arthritis” is common, the microbes concerned being the pyogenic cocci (especially streptococcus viridans) and/or B.Coli. In not a few cases the clinical effects are general rather than local: a peculiar lemon-tinted pallor of the face and body generally, anaemia and a series of ill-defined deviations from health.

Treatment.

As in other situations the first principle is drainage. This includes, according to the nature of the case, the treatment by surgical means of calculus in any part of the tract, of tuberculosis, of neoplasm and of obstructions such as strictures of the urethra and ureter. It also includes a course of prostatic or vesicular massage when indicated. In some cases the question of nephrectomy arises as the only practicable method of drainage.
In almost every case the use of simple diluents is indicated for diuretic purposes. Persistence in this line of treatment cannot be stressed too much.

When *B. Coli* is the causative microbe, a course of mandelic acid should be tried under careful observation, assuming that renal sufficiency is guaranteed. The frequent usefulness of the older drug—hexamine, or one of its equivalents—must not be forgotten. If these fail good effects may follow the exhibition of one of the sulphonamides.

The use of antigens (vaccines) is less favoured now than formerly; this is no doubt largely due to the success often attending the bacteriostatic drugs just mentioned.

Lastly, it must be remembered that attention to the state of the colon is often necessary to secure good results. (See p. 60.)
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