

GENITAL TUBERCULOSIS IN THE MALE.

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I HAVE had two such cases under my observation, and they seem to me to emphasise the extreme seriousness of the condition and the need for earlier operative interference, a point on which the average text-book on surgery and many teaching surgeons do not lay much stress.

The first case occurred in a medical student, aged 22, who had no previous illnesses. The first sign was painful enlargement of the left epididymis and irritability of the bladder. On rectal examination the prostate and vesiculæ seminales were found involved, and were regarded as the primary seat of the disease. The lungs were clear. The case was at once diagnosed as tuberculosis (clinically and bacteriologically), and the patient was put on the usual "fresh air, cod liver oil, and aim at improvement of the general health" treatment. He wintered at Falmouth, lost no weight, and the local conditions remained unaltered. Ten months after the case was first diagnosed an abscess formed in the epididymis. The testicle and prostate were removed. The wound never healed. In two months both kidneys were involved; one was removed, the other was opened and drained. There was marked emaciation, with general debility. He died about eighteen months after the onset of the disease, absolutely worn out.

The second case is not dissimilar. In July, 1907, I took charge of a patient, aged 31, who had been in hospital some six weeks. His diagnosis was "orchitis, non-venereal." An abscess in his left epididymis had been opened and was being drained. The man looked tuberculous, and had a history of hæmoptysis two years previously. His prostate was free, and I could detect no physical signs in his lungs. His testicle was removed, but a sinus remained. The tubercle bacillus was found in the testicle and in the pus. He was operated upon on three subsequent occasions for removal of tuberculous deposit in the inguinal region, and seemed all right at Christmas, 1907. His appearance was that of a pale, weakly, unhealthy man, his complexion being waxy, and his eyes bright and of a glassy appearance, so common in consumptive people. I again examined his chest, and could find no physical signs of phthisis. On February 16th, 1908, the man had a sudden hæmoptysis on the barrack square. He was removed to hospital. A cavity was present at the right apex, and his sputum contained tubercle bacilli. He gradually improved, but moist râles were present all over both lungs. On February 23rd he had another severe hæmoptysis and died. There was no *post mortem*.