

poison of gonorrhœa, or the infection of tubercle, or simple catarrh, or from getting the feet wet during menstruation. It spreads from thence along the mucous lining of the fallopian tubes, just as inflammations of the mucous membrane of the respiratory tract of the urinary organs spread along their various portions. There being no ready means of exit from their secretions in the case of the fallopian tubes, the discharges, whether of mucous or pus, accumulate, and by so doing aggravate the inflammatory process. The inflammation thus tends to spread still further outward beyond the fimbriated extremity of the tube to the adjacent peritoneum, and a localized peritonitis is thus established, with its focus at the mouth of the tube. The result of this sometimes is promptly to seal the end of the tube, which then becomes distended by the secretions, and forms a more or less distinct tumor. In other cases the peritonitis appears to commence by the sudden pouring out of the morbid secretions from the fimbriated extremity into the pelvic cavity, setting up sudden and violent pain, followed by all the signs and symptoms of an attack of acute pelvic inflammation. Up to this point the process has been probably painless. Endometritis and endosalpingitis are not characterized by pain, but the moment the peritoneum is reached pain begins; so that what may seem to be the starting point of an illness, often is, in reality, merely an indication that the inflammatory process has passed from a mucous to a serous membrane. The inflammation of the uterine mucous membrane may by this time, especially if it is simply catarrhal, have subsided. The canal of the cervix usually allows free escape of the inflammatory secretions, so that an inflammation of the mucous lining of the uterus is ordinarily a much less serious affection than a similar inflammation in the fallopian tube, where the readiest outlet is into the peritoneal cavity.

“With regard to pelvic cellulitis, there is strong reason to believe that this disease, when it is the primary affection, is always septic, and that it is carried by the lymphatics through the uterine or cervical tissues themselves to the connective tissues immediately adjacent. The old idea, that some patients are so susceptible that the mere passing of a uterine sound will set up a cellulitis, puts the blame on the wrong shoulders. Neither a clean sound nor a clean wound ever yet produced a cellulitis.