

The Maritime Medical News,

A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

VOL. IV.

HALIFAX, N. S., FEBRUARY, 1892.

No. 2.

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OVARIAN INFLAMMATION.*

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Much has been written on this subject, so I have very little that is new to offer, but I venture to bring it before you this evening in order that it may provoke an interesting discussion, for the condition is one which we all frequently see.

As with other inflammatory processes, ovaritis is divided into—

I. Acute.

II. Chronic.

And the acute is again divided into—

(a) Follicular.

(b) Interstitial.

PATHOLOGY.—I. ACUTE. (a) In the follicular form the changes are entirely microscopic.

(b) In the interstitial, the ovary

becomes enlarged in a few days. The cut surface may show yellowish streaks radiating from the hilum, or there may be small roundish areas of this material. You get an exudation of lymph, or, in severe cases, of pus, from the cut surface.

Although constantly found to be enlarged in the early stage, if not removed until later, the ovary may present one of three conditions. Firstly, an abscess may develop and the ovary become largely distended with pus, in which case usually but one ovary is affected. Secondly, it may be seen as a large firm rounded mass the size of a small orange, and then is falsely called "hypertrophy of the ovary." Thirdly, the interstitial fibrous tissue may retract, and so greatly reduce the size of the ovary as well as cause fissures of the surface.

II. CHRONIC.—Here the ovary is enlarged and loses its almond shape, becoming more rounded. It also loses its normal creamy-pink color, and assumes a dull grey or else bright red. The surface may show the presence of cysts, especially in the later

* Read before the Clinical Society of Montreal, Dec. 12th, 1891.