

pain, chills and fever. A hardened mass soon formed in the left retro-uterine space, which was quickly changed to the boggy feeling of pus. At the end of the twelfth day several ounces of pus were evacuated through the vagina. In this case cultures proved that the pelvic inflammation and abscess arose from the colon bacillus.

In turning to the etiology of pelvic cellulitis it must be admitted that it is always a result of septic infection in some form, although some observers claim that it may be induced by sudden suppression of the menses. Case number two, referred to above, would rather point to such a cause as being a real one, had not cultures been made which showed its origin to be otherwise. The most common source of infection is the absorption of septic matter through laceration of the cervix uteri, or of the upper part of the vagina, occurring during labor. Other sources of infection are the various surgical manipulations practised on the vagina and cervix. On account of the close proximity of the pelvic organs to the rectum, vermiform appendix and sigmoid flexure, pyogenic bacteria may escape from one to the other and set up a pelvic inflammation.

Septic infection of the pelvic connective tissue may be due to any of the micro-organisms which find their entrance through the vagina into the uterus, and then into the pelvis by way of the tubes; or directly, by way of the lymphatics, through the parametrium, or vaginal vault. The gonococcus almost always travels along the mucous membrane into the tube, where its further extension may be arrested by inflammatory action there, or it may escape from the ostium abdominale and set up a localized peritonitis. The inflammatory process in such infection is almost invariably confined to the pelvic organs and their immediate environment, rarely causing more than a local reaction, and never giving rise to a general infection. Streptococcus infection usually occurs during a badly conducted puerperium, or after an abortion; or it is introduced by dirty instruments, or by applications or vaginal manipulations without proper antiseptic precautions. When the streptococcus gains entrance, it may invade the pelvis by the same route as the gonococcus, or it may penetrate the uterine wall, setting up an endometritis or metritis, and then a parametritis, forming a dense swelling which usually ter-