PELVIC INFLAMMATION.

UNTIL recent years the views generally held and taught with reference to pelvic inflammation were exceedingly vague and unsatisfactory, and in many respects erroneous. Clinical observation was so seldom tested on the operating table that erroneous inferences remained, year after year, uncorrected by actual inspection. Almost every attack of pelvic inflammation was believed to be a cellulitis, and if on vaginal examination a hard irregular fixed mass could be felt on one or both sides of the uterus, the diagnosis of cellulitis was held to be established beyond doubt. It was not until the practice of abdominal surgery became extended, and opportunities of comparing the physical signs with the actual conditions present, that the real pathological changes began to be generally recognized and accepted.

Notwithstanding the enormous strides made as the result of clinical and bacteriological research, our most advanced teachers and operators are not yet wholly in unison in regard to the pathology of pelvic inflammation. The intimate relations existing between the Fallopian tubes, ovaries, peritoneum, cellular tissue and lymphatics compels an almost constant intermingling of the lesions of inflammation affecting them, and to such an extent is this true that a very large number of gynæcologists hold that there is no form of pelvic inflammation which did not at first have its origin in tube or ovary, and that every variety of such inflammation is secondary to that.

It seems to be pretty well settled that that form of inflammation long known as pelvic peritonitis, or perimetritis, is undoubtedly of tubal origin, the contents of a diseased and leaking tube having escaped into the pelvic peritoneum and set up septic inflammation there. The results of such inflammation largely depend upon the nature of the septic material which has escaped, that of gonorrhœal origin tending rather to the formation of bands of adhesions, while that containing pus-producing micro-organisms tend to the formation of local abscesses. There is still a form of inflammation existing within the pelvic walls having clinical features peculiar to itself, and which still maintains its own identity among many capable gynæcologists, nothwithstanding