

CHAPTER XXVIII.

GENITAL TUBERCULOSIS.

Tuberculosis of the female genitals, although long known, has only recently attracted special attention. It was previously known only as a concomitant of advanced phthisis, and it was not until cœliotomy demonstrated its frequent occurrence, either alone or in combination with tubercular peritonitis, that its clinical importance began to be appreciated. It may involve any or all of the various parts of the genital tract, though some portions are more frequently affected than others, the order of frequency being the tubes, uterus, ovaries, vagina, cervix, and vulva.

Etiology. Tuberculosis of the genital tract may be either *primary* or *secondary*. Primary inoculation may occur when the patient has been much in the company of one suffering from tuberculosis. The clothes, a sound, or the fingers of a physician may carry the germ. Cohabitation with a person who has either genital or pulmonary tuberculosis is a well authenticated cause in many instances. The puerperal state has a large share in primary infection, but whether infection can come through the semen, the saliva, or the blood of a scratch, is a disputed point.

Secondary genital tuberculosis is that which is developed in the course of tubercular degeneration of other organs, especially the lungs. In the great majority of cases, genital tuberculosis is secondary and metastatic, the infection taking place by way of the peritoneal cavity and the lymph channels, from the abdominal viscera, or through the general circulation from distant organs, or by auto-inoculation from the secretions.

Vulva. Vulvar tuberculosis is the least common, and is often unassociated with tuberculosis of other portions