On Pelvic Cellulitis

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Until within the last few years many of the most common diseases of women—now easily defined—were spoken of as internal inflammation of the bowels. But by studying the pathology of the uterine discharges, the adoption of the uterine sound and exploring media as means of diagnosis, a great and continually increasing acceptance has been made of our knowledge of diseases of women in general. These not only suggested the use of many other means of exploration, but even by the adoption of the speculum brought the sense of sight to bear on certain uterine affections.

It was then made known that many of the so-called urinary inflammations were inflammatory affections or displacements of the uterine, or it might be one dependent on some alteration, or even on a neuralgic condition dependent on distortions or displacements of that organ. And this became evident to all when it was found comparatively easy to diagnose.
correctly these lesions by means of the uterine sound is by a prolongation of the finger. By degrees also the swellings and abscesses in the broad ligaments be-
came better known while a more perfect physiology of menstruation threw light on certain inflammatory affections of the ovaries which had formerly remained unrecognized being disguised by the symp-
toms of disease of the catamenia and by the more marked symptoms of uterine disease with which they are frequently associated. More recently it has been shown that women are also liable to Pelvic Hæmatoma or Thrombus, sometimes intra-
peritoneal at other times extra-peritoneal or situated in the cellular tissue of the broad ligaments. In addition to all these various forms of disease formerly scarcely called "uterine inflammation," there is another complaint called by Marchal de Calvi "intra pelvic phlegmon-
ous abscess" by Prof. Doherty "chronic inflammation of the Appendices of the Uterus" and by Churchill — "abscesses of the
Uterine appendages“ and generally by ancient writers as abscess of the Ovarian gland by recent writers it has been described as Pelvic abscess - this is evidently a wrong name because there is no more an abscess here at the commencement of the inflammation than there is in any other part of the body. - True the inflammatory process may pass through its different stages and lead to the development of pus here as elsewhere when an attempt has been made to puncture it, or in some cases skillful treatment may fail in preventing suppuration - but still the disease is inflammation at the outset or in other words "Pelvic Cellulitis" which may pass into abscess just like any other inflammation then it becomes "Pelvic Abscess". This disease unless it is thought of and treated in the early stages gives an admirable description of it in the few lines of his book that remain for he says "The symptoms of inflammation will be manifested, and afterwards when the pus begins to
be formed, the pains are increased, and fever sets in with shiverings, mostly towards evening; a tumor is found and a prickling pain is felt; in some cases there is suppression of urine, and in others the evacuation of the stool is interfered with, or both may be simultaneously affected. But the local pain will indicate the seat of the disease.” Paulus Agineto also remarks it well, and it is often alluded to by authors without receiving the attention it deserves.

The disease he intends to speak of consists of inflammation acute or putrid, of the cellular tissue, investing the Pelvis and the organs therein contained. The disease is ushered in by fever of an inflammatory type, accompanied with more or less Pelvic instability or unceasing; the pain is increased by the patient’s movements and by pressure over the part where the inflammation has set in, and is due to the pressure of the effused matter. When the effusion is around the neck of the
Bladder Dyssuria is a very common symptom, or when it attacks the cellular tissue around the rectum the patient suffers from pain in defaecation. This is generally a throbbing pain in the pelvis and much fever and Constitutional disturbances accompanying these symptoms. A tumour or swelling is now felt, irregular in shape to modified by the layers of fasciae wherein it is situated. It is exquisitely tender to touch and for the most part rapidly increases in size. The tumour at this stage may be resorted to and the disease be checked, but in about one half the cases, it goes on to the formation of pus, and the tumour at one place produces the fluctuating feeling peculiar to an Abscess. This fluctuation is for the most part felt on the roof of the vagina, immediately behind or at one side of the Cervical Uteri, the Abscess has always a tendency to point here because the fasciae appear to be unusually thin and weak. The pain now becomes altered in
Character, owing to hectic fever being estabished. The skin is generally warm, sometimes cold, but is always covered with freckles during night, in short the patient becomes subject to pimpleous and exacerbations peculiar to the formation of pus, but in difficult cases the exploring needle may be put into the tumour and if pus be found your diagnosis is solved.

But it will now be better to allude to the diseases with which Pelvic Cellulitis may be confounded, and this brings us to the diagnosis proper of the disease. It may be mistaken for Phthisis, Sciatica, Acute Phlebitis, Fibrous Tumor, Retrusion of Uterus and Pelvic Adenoma.

1. From Phthisis. It may be diagnosed from Phthisis by the want of the chest-elevate signs on the chest peculiar to that disease and from the appearance almost pathognomic of suppuration, which is the result of Pelvic Cellulitis.

11. From Sciatica. Pelvic Cellulitis sometimes occurs in the fascic lining
the iliac fossa, and thus passing down to the thigh, whereby the leg becomes drawn up and cannot be extended, but in location the inflammatory form is trending
117 the iliac lymphatics. The pain in this case is always on the right iliac fossa and here is never luxury. As the pelvic cellulitis progresses the fluctuating feeling of Pelvic Abscess becomes apparent to fibrous tumors of course here this only difficulty can be in the diagnosis of Pelvic Abscess but Pelvic abscess is fixed and springs as it were from the bone while fibrous tumors are mobile
17 The tumors also in Retrusion of Urinoma is loose and mobile
17 Pelvic Hæmatoma. This arises suddenly after a menstrual period or during such a period, a small vesel ruptures and the contents are extravasated into the cellular tissue of the Pelvis, giving rise to a tumor which is of great importance to diagnose, sometimes the symptoms
Come on so suddenly that the patient becomes faint, requiring stimulants, but the inflammatory fever is absent which characterizes Pelvic Cellulitis. There is also a want of pain and tenderness in prepare and the pulse is not increased. Blood tumours are always hard at all points but one, e.g., the posterior wall of the vagina, you may introduce an exploring needle, nothing will follow, but you may be able to draw a little blood out of the tube on to your hand. In short Pelvic Cellulitis may be diagnosed from all the above
1st By the Inflammatory Fever
2nd By the pain of prepare
3rd By the tumour of springing as it were from the bone — and the Pelvic Abscess is established — by the fluctuating feeling, and if need be by the exploring needle.

Caution. This disease is that of as being most frequently met with after cases of Labour in which the patient has been subject to
Protracted, difficult, and instrumental deliveries - it may result from any pelvic operation or injury of the pelvic organs - so that on the whole it will be found to be nearly as frequent in non-puerperal as in puerperal patients. Prof. Simpson relates a case in a patient past the time of child bearing, and several cases are reported - including one by the same author - in young girls. In non-puerperal cases the disease may be caused by leaping, running, exercise, cold during a menstrual period, and after operations on the urethra and rectum. Whether the sudden application of cold causes the disease by its disturbing the cutaneous sensations, or in its disturbing the sympathetical relations between the cutaneous nerves and internal organs - it is difficult to say, but one thing is certain that the sudden application of cold during a menarcheal period is one of the most
Frequent causes of this disease, again, it is frequently met with in chronic patients, and it is a well-known fact that this settled debility leads to the more important visceral lesions of subacute inflammation, and there is every reason to believe that the disease we are now speaking of is thus more severely excited by the usual exciting causes of inflammation.

The nature of the effusion varies according to the stage of the disease. In the early stage we have pure serum—which effusion gives rise to the swelling and hardness—and if the inflammation is not now checked it leads to the formation of pus. This product forms generally about the 12th or 14th day. The 3rd product of Pellicle cellulitis is coagulable lymph which renders the swelling dense and solid and long in disappearing.
The inflammation may end in dangerous ulcers, caused by the effused products compounding the ulcer, and in destroying the parts of their nutrition. The result of which is they die and slough and of course must be evacuated along with the contained pus.

Diagnosis. Upon the whole permissible, all the disease may appear the opposite. For in the first stage of the disease the serum may be absorbed and the disease checked. Coagulable lyph may also be effused, and all the edema becomes more tedious. Nature in most cases is sufficient in effecting the restoration to health, and when Peritonič Abscess is developed evacuation of it is sufficient to restore the health.

But it is owing to the formation of pus that the dangers of this disease arise. 1st. The matter may rupture into the peritoneum and cause death.
2nd.
The opening of the abscess may
not close up, and the patient
may die of the septic fever and
the discharges accompanying it.
3rd.
The disease may become chronic
and the patient die of Tuberculo-

sitis.

These are the worst consequences of
Pelvic Cellulitis, but a large majority
of patients recover without sequelae
in after life any inconvenience. They
do not often affect the function
of reproduction. This is proved by
the fact that we frequently find
at post mortem examinations, pelvic
bands and adhesions which have
neither interfered with health nor
the function of reproduction.

In these cases however whose recurrent
attacks have developed solid unyielding
bomas and internally attacked, the patient
will ever remain liable to perineal
infections. We believe that displacements of the
Uterus may be caused by pelvic cellulitis,
in such cases it is obviously wrong.
To treat them by intra-uterine pessaries, as Dr. Haham has observed. Again, when adhesions persist, it is sometimes owing to pelvic cellulitis and subsequent adhesions. In some cases these false membranes may block the uterine, so as to render permanent its obstruction, and any attempt to correct it might prove dangerous. Any these adhesions sometimes turn above the uterus so tightly that its development after insemination is prevented and abortion ensues as often as conception takes place.

This imperfect sketch must not be concluded without pointing out the instances in which the contraceptive agency of nature is sufficient in Pelvic Abscess. For pelvic abscess may and often do this:—Change the jet which they contain through several passages, sometimes they open externally, but they may discharge the contents internally. 1 1/2 int the vagina, 2 1/2 int the Obvity of the Uterus, 3 1/2 int the Rectum or some higher portion of the intestinal canal. 

Urinary passages. The diagnosis here is
poised by batching and exciting the
escape of fluid through these channels.
But the fluid may be discharged into
more than one of these channels, from
diagnosis here is also solved by discussing
the contents of one passage passing through
another, for instance, feces may pass
with the urine when there is intercommuni-
cation between the Rectum and Bladder.
But in cases where we have not such
peculiar discharges to guide us, our
diagnosis will be solved as Dr. Simpson
has pointed out, by reflecting any blow
applied into one of the openings, it will
pour out simultaneously through the other
into communicating openings.
But fecal discharges may escape into the
lumen of the peritoneum as previously
mentioned, however this is hardly the
nearest escape. We do not think with
any certainty why it does not more frequ-
ently escape here. Brunsviken says that
there is a layer of fascia inside the peritoneum
which prevents it - others deny that this
layer exists. It may be that the adjoin-
ning peritoneum thickens, becomes inflamed
and throws out plastic exudation to
prevent the almost invariably fatal
effusion of pus into its cavity.

In Thrombosis, plastic lymph is thrown
out as at Coriaceous bite. The gland
and cut it off from the rest of the
serosa cavity—so that in both cases
it appears to be a conservative effort
of Nature to keep the matter from being
effused into the peritoneum, and thus
prevent fatal peritonitis.

Treatment—although our predecessors
were wrong in giving the name of inflam-
mation of the troops to as many different
afflictions, still the name led to the
enforcing of perfect repose, of hot diet,
poiltries and leeches—treatment which
we still believe to be the most appropri-
ate notwithstanding the case may into
which congestion has fallen, and the
spreading of the dangerous doctrine that
a stimulant treatment constitutes the
best means of treating fevers and inflammations.
In the case at present under consider-
ation, we will consider it the treatment
of Pelvic Cellulitis, and of Pelvic abscess
at the commencement of Pelvic Cellulitis
Leeches ought to be applied with the
view of resolving the disease, for
the patient's strength is much more likely
to be undermined by the repeated and
frequent discharges of a tedious complaint
then by energetic treatment at the
beginning. They ought to be applied
to the hemorrhoidal vesels, because the
vesels are branches of other arteries which
send branches to the veins; some re-
commend them to be applied to the
anus but we don't see any advantage
of such an application; others say
they would have more effect if applied
to the neck of the womb. We never
follow the plan followed here would be
inclined to think that in many cases
the advantage to be derived from the
direct application of Leeches would
not be proportioned to the pain and
inconvenience entailed by the protracted
Application of the Speculum.

This is supposed to be obtained by the use of a house tube with a cork piston used by Dr. Macalister and first employed by Portuguese Practitioners, but the Leeds are able to cause spasmatic pains in the Patient, so that when the whole is better, and easier to apply them to the anus and perineum.

Mercury is used by some at this stage of the disease, with the view of reversing the disease. Some recommend mercurial preparations to be put into the Rectum and vagina with the view of satirating the patient quickly. But we are inclined to give the preference to Salicylic Ointment or the Alkaline Carbonate as recommended by French Practitioners, both with the view of checking the inflammation, pain and causing absorption of the affected product, with a little resin if possible, and more well to introduce medicated preparations of iodide of lead and Morphia which both relieve the patient.
Sufferings and aid in producing absorption of the effused products. Prof. Simpson, strongly recommends Madeira, with三次 a day.

Tincture of verdigris, and Zepacubic, sometimes answer very well as an antiphlogistic, but neither of them affects nature in absorption, and when applied, they are generally combined with Spirit in order to relieve the Illusions and Dyseuria. In addition to these internal remedies, the bowels require to be kept regulated by any simple aperient, and Perninct, it is as well to keep up a gentle diaphoresis.

But in order to assuage the local pain it is often necessary to apply warm fomentations and poultices or some Antitume remèdes with a little pressure. In this as in other inflammations, colder irritants are often of great service in relieving the patient.
well, if a few more grains of soda be added to an ounce of the solution, or Ointment, or Turpentine, or Mixture of Tallow will answer equally as well. Lytto is to be avoided owing to its known tendency to give rise to typhoid.

Treatment of Pelvic Abscess

When pelvic abscess is formed as indicated by the symptoms previously given, we often require to give the patient refrigerating remedies, such as Quinine, combined with Acids to subdue the thirst, and to prevent the formation of Sulphuric Acid. As this question which will always hold good, but it may be taken as a general rule to evacuate the abscess in all cases, except when the matter has a very tenacious
To find its way into some cutaneous or mucous surface and thus find an exit. The same holds good with regard to the time of evacuation for as long as the symptoms do not indicate that it is going to burst into the Peritoneum or Pleura it is good to withhold from practice except in those prolonged cases in which the severity of the symptoms seems to undermine the patient's strength.

Then comes the question: where are you to evacuate the abscess? If it can be opened clinically at the groin it is proper that it should always be evacuated there, but in very few cases will such an opening be possible. For generally these abscesses have a tendency to point internally on some mucous surface and thus find an exit. The best place is through the vagina where it fluctuates most. And this will be found most
generally to be the case between
the Osutums and Pecenum and
behind the Oerice Utun, in
the posterior Calde one of the age
of the vagina. Almost never
open by the towels for the pelvic
mucosa may enter the opening
and either prevent its healing
or light up a new inflammation
and when a fistula becomes found
it is not within our reach.
Again if a child should be
punctured, it is easily accessible
for vaginae and the hemorrhage
may be prevented by plugging,
but the other hand if such an
accident has to recur in
puncturing through the rectum, it
would be very difficult may almost
impossible. To restrain the hemorrhage
how are we to evacuate the child?
After considering all the various
means used, I would recommend
first to omit a forceps and capsule
and by this means to make an
opening, then by placing the point of your finger in the opening, try a turpentine knife along your finger into that opening and enlarge it sufficiently to allow the finger to pass through, taking care at the same time to avoid any risk that you may feel palpitating near the finger being prised, you may wish to draw the knife, and enlarge the opening with the finger to so to ensure the escape of pus and other products from the various ulcerations for the abscess is often multilocular, and where there are gangrenous mares or fatty pus, it will well that the abscess should be washed out.

In the great majority of cases this will attention to the general health suffices to cure our patients, but sometimes a fluid is left which keeps discharging pus, and for annulling the patient in such a case it is requisite to push a probe through the first opening and see where it
emerges, and it may then be necessary to make a counter opening. Indeed, such openings may require to be made at more points than one.

But in other cases and where a counter opening is not required the remaining festulae may be cured by injections of the structure of bismuth or by introducing a piece of bismuth into the cavity of the abscess by either of which means a degree of inflammatory action is excited which leads to the formation of granulations and to heals.

I need scarcely add that the advanced stage of the disease combinations of Quinine, iron, and other tonics should be given, and when any incrustation and hardness remains the best treatment is to give five grans of Bismuth of Sub-

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Aspren three times a day in some vegetable tonic infusion.