and iliacus muscles, and leading the patient to keep the thigh flexed. In some instances the inflammation passes backwards, instead of forwards, producing an exudation in the tissue of one or both utero-sacral ligaments, in the tissue surrounding the rectum, and in that beneath the peritoneum lining the posterior pelvic wall. Where there is no suppuration the exudation becomes absorbed, and, in uncomplicated cases, gradually disappears. Unfortunately, in a very large number of cases such a termination is the exception, the earlier symptoms being soon followed by suppuration and the formation of a pelvic abscess.

The situation of the abscess and the position where it may be expected to point depend upon the direction in which the inflammatory exudation has extended. It may point at a site a little above Poupart's ligament, or it may extend downwards and appear to bulge most prominently into the vagina. In some cases, where it extends backwards, the abscess thus formed, owing to its anatomical relations, has no direct access to a free surface; relief therefore is much longer delayed and extensive burrowing may result. Sometimes the pus leaves the pelvis by the sciatic notch and follows the course of the sciatic and gluteal vessels. In other instances it makes its appearance in Scarpa's triangle, while not unusually it makes its exit by way of the rectum. In rare cases the abscess ruptures through the vaulted free surface of the sac, and the pus is poured into the abdominal cavity. Abscesses which open into the vagina may discharge their contents completely, the cavity collapse and heal, and the patient regain perfect health. If the opening is small the discharge will only take place when there is sufficient pressure within to overcome the resistance, and it may continue in this way for months, and even years, each reaccumulation being characterized by a return of pain, fever and distention. When the abscess opens into the rectum, if the opening is direct and large enough, and lies at the bottom of the sac, a rapid and complete recovery may take place. If, on the other hand, the abscess empties into the bowel by a minute orifice, or if the opening is in the upper part of the abscess, so that the pus only discharges when the sac is full, the discharge may go on indefinitely. An abscess opening on the abdominal wall rarely closes, because the opening lies at a higher level than the sac, and pus can therefore only escape as an overflow, or in certain positions of the body.

In the management of pelvic cellulitis it is pretty well acknowledged that when once an attack has been lighted up it is not possible to modify to any extent the course of the disease by any special medication. During the acute stage the patient should be kept absolutely at rest, the bowels freely open, poul-