

ever, remains, and is apparent on vaginal examination and on coitus. Pain, however, is a most misleading symptom, for it is never so marked in cases of actual disease as it is in some neurotic patients who have no pelvic lesion of any kind.

"3. *The Physical Signs.*—In the early days of an attack of acute pelvic inflammation, physical examination tells us little or nothing. The vagina is hot and tender and its vessels may be felt pulsating, and that is all. But in chronic inflammation and in acute inflammation, when exudation has occurred, the physical signs are usually highly characteristic.

"In cellulitis arising from the cervix, we find either a uniform hardness and resistance in one or both lateral fornices, with depression of the vaginal roof and partial or complete obliteration of the cervix, or a collar of induration immediately in front, or immediately behind the supra-vaginal portion of the cervix. In pelvic peritonitis, on the other hand, there is no depression of the lateral or anterior fornices, for the exudation is within the peritoneal cavity, and, if it encroaches upon the vagina at all, it does so posteriorly and there only. It will then be felt as a distinct swelling in Douglas's pouch, obliterating the posterior fornix and pushing the uterus forward, if it is extensive, and forming an elastic tongue-shaped swelling behind the cervix and upper part of the posterior vaginal wall, if the amount of exudation is small.

"A similar condition exists in the conditions found on rectal examination. In cellulitis affecting the tissues behind the cervix, including the utero-sacral ligaments, the rectum in that region will be felt to be surrounded wholly or partially with a hard belt of exudation. Whereas, an exudation due to pelvic peritonitis will be confined to Douglas's pouch, and will be felt to be entirely in front of the bowel, though it may, and generally does, bulge into it. The swelling, moreover, will be less hard.

"When the body of the uterus is the starting point of a cellulitis and the broad ligament is the seat of the exudation, bi-manual examination will reveal a hard, smooth, flattened tumor by the side of the uterus, sometimes displacing it slightly to the opposite side. This tumor can be moved within certain narrow limits, backward and forward, between the two hands.

"Later on, when the exudation has reached the sub-perito-