

the efforts to disenthroned it—I mean pelvic cellulitis, or inflammation of the pelvic connective tissue. Undoubtedly a very large percentage of this form of inflammation is secondary, having its origin in one of the neighboring organs, and reaching the connective tissue by extension from them, but that the primary form does not exist has not yet been proven. If we turn to the distribution of the pelvic connective tissue we find that, except over the fundus uteri, it forms a layer under the entire pelvic peritoneum, parietal and visceral. The so-called “ligaments” of the uterus contain a greater or less quantity of it between the peritoneal folds of which they are composed, and in certain special situations it may be said to be abundant; for example, around the supra-vaginal portion of the cervix uteri, along the base of the broad ligaments, and between the bladder and symphysis pubis. That diffuse cellular inflammation tending to the formation of abscess can exist as a primary condition in other parts of the body, without visible means of infection, and in a part where, perhaps, the cellular tissue is less abundant, is a fact so well recognized as scarcely to be worth mentioning, yet the same form of inflammation, with the same tendency to suppuration, is denied to that connective tissue situated in a region where there is every possibility of infection.

From clinical observation of many cases, and from the subsequent study of them on the operating table, I am convinced that a considerable number of them did not have their origin in a diseased tube or ovary, but were primary in their inception, and that the uterus, tubes and ovaries were perfectly normal, both before and after. Two cases occur to me at the present moment which forcibly go to prove the contention. One, a lady in good circumstances, healthy and the mother of several children, developed, after an abortion, a cellulitis in the left parametrium, and from which subsequently three ounces of pus were evacuated through the vagina. A complete recovery was made in a few weeks. I repeatedly had opportunities of examining her, both before and since, and never had reason to suspect uterine, tubal or ovarian disease. A second, a young girl, almost eighteen years old, unmarried, perfectly healthy in every way, suddenly developed, towards the end of the menstrual period, pelvic