

the fallopian tubes. This mode of origin is found in all the cases due to gonorrhœa, and in all the cases due to catarrh. It is also found in most of the cases resulting from tuberculosis, and from septic infection. In a certain number of cases of septic peritonitis the inflammation spreads directly to the peritoneum through the parenchyma of the uterus, by means of the lymphatics or the veins of the connective tissue, but where this is the case there will be cellulitis as well, for the inflammatory process affects all the tissue *en route*. Pelvic cellulitis, on the other hand, when a primary disease, is always septic and spreads directly outward from the body or cervix uteri through the parenchyma. There is, therefore, no involvement of the fallopian tube.

"These considerations have considerable bearing on the diagnosis. Thus, if a case of pelvic inflammation be known to have a gonorrhœal or a catarrhal origin, the tissue affected will be the peritoneum; if it occur after abortion, or labor, or an operation, or the passing of a tent or a sound—that is, if it be known to be septic—it may be either a peritonitis or a cellulitis, or both. If it be tubercular, it will be peritonic and not cellutitic.

"Of course, pelvic peritonitis may arise from other than the causes just mentioned—as from the presence of tumors, the ruptures of cysts, hæmorrhage into the peritoneal cavity, disease of the vermiform appendix, intestinal perforation, etc., but in none of these cases will there be associated disease of the fallopian tube, except as a coincidence, or any of this hard, irregular swelling in the lateral fornix, which is the main element of difficulty in discriminating between the pelvic peritonitis and the pelvic cellulitis.

"2. *As to the Amount of Pain.*—It is generally held, and with truth, that the presence of acute pain points to the pelvic inflammation being peritoneal. Cellulitis, when uncomplicated, is a disease not attended with pain; at any rate, not with severe pain. But we must remember that salpingitis is also a painless affection, and that the sudden onset of severe pain in an attack of pelvic inflammation is not to be taken as marking the commencement of the inflammation, but as indicating that it has reached the peritoneum.

"After the acute stage of peritonitis has passed, the pain is only felt after standing and walking. The tenderness, how-