

reality directed upward and backward and the anterior downward and forward.

"The cavity of the pelvis being divided transversely by a curtain consisting of the uterus and the broad ligaments, the spaces behind the broad ligaments may be spoken of as the right and left posterior quarters of the pelvis, while those in front may be called the right and left anterior quarters of the pelvis. These latter are so shallow, and, except under very exceptional circumstances, so destitute of important contents, that they are of little or no practical importance. On the other hand, the two posterior quarters of the pelvis, with Douglas's pouch between them, possess the highest clinical interest. The latter because fluids in the peritoneal cavity tend to gravitate into it, and because, dipping down as it does behind the upper part of the vagina, it can easily be reached on vaginal examination; the former, because they contain the free ends of the fallopian tubes and the ovaries—structures, many of the morbid alterations of which can be ascertained by the bi-manual method with considerable accuracy.

"Turning now to the distribution of the pelvic connective tissue, we find that, except perhaps over the fundus uteri, a layer underlies the entire pelvic peritoneum, parietal and visceral. The so-called ligaments of the uterus contain a greater or less quantity between the peritoneal folds of which they are composed, while in certain special situations the connective tissue may be said to be abundant, for example, around the supra-vaginal portion of the cervix, along the base of the broad ligament, and behind the symphysis pubis.

"In the case of cellulitis originating in the cervix, the cellular tissue immediately surrounding the cervix is the first to be affected. The inflammation then spreads along the base of the broad ligament to the lateral wall of the pelvis. It may also affect the vesico-uterine cellular tissues in front, or the utero-sacral ligaments behind, in which latter cases the rectum will be surrounded with exudation on at least three of its sides, and in some instances will be completely encircled.

"We are now in a position to discuss the different diagnoses of pelvic inflammation.

"1. *Etiology*.—Pelvic peritonitis, in the great majority of cases, is secondary to disease of the lining membrane of the uterus, and, for the most part, travels to the peritoneum along