

"It will facilitate our study of the distinguishing characters of these two inflammations if we consider for a moment the anatomical distribution of the two tissues involved. The peritoneum in the female pelvis is reflected in front from the anterior abdominal wall on to the fundus of the bladder a little above the top of the symphysis pubis. It thence passes down the posterior surface of the bladder as far as the level of the os uteri internum, when it is reflected upward and forward on to the anterior surface of the uterus. This reflection forms the vesico-uterine pouch. After investing the fundus uteri the peritoneum passes downward and backward over the posterior surface of the body of the uterus, the posterior surface of the supra-vaginal portion of the neck of the uterus, and behind the upper fourth of the posterior vaginal wall. Here it is reflected on to the front of the rectum and the posterior pelvic wall, forming a pouch or sac, which is the most dependent part of the peritoneal cavity. This pouch is bounded laterally by two folds of peritoneum, called the utero-sacral ligaments or Douglas's folds, which pass one on each side from the lateral borders of the supra-vaginal portion of the cervix uteri, upward and backward to the sacrum, the upper margin of the folds reaching the sacrum at about the level of the second sacral vertebra. Returning to the uterus, the peritoneum, after investing the body of that organ, is prolonged outward from its lateral borders in the form of a fold to the lateral wall of the pelvis on each side, forming with the uterus a sort of curtain stretching across the whole breadth of the pelvis. This fold is the broad ligament. It encloses along its upper border the fallopian tube, which runs outward to within a short distance of the side of the pelvis, and then leaves the broad ligament to terminate behind it, the last portion of its course describing a curve backward, downward and inward, so that the fimbriæ embrace the outer surface of the ovary, which latter organ lies behind the broad ligament on a lower plane than the main portion of the tube. Immediately below the ovary the layers of the broad ligament separate, becoming reflected on to the anterior and posterior pelvic walls respectively. It must be remembered that, although we speak of the surface as anterior and posterior, in the erect posture and in the normal condition the so-called posterior surface is in