In connection with the subject of peritonitis, there is an interesting series of articles by Paul Poirier (in the *Prŏgrés Medical* for November, December, and January last) on the lympathics of the female genital organs and their connection with inflammation of the uterus and its appendages, and with pelvic peritonitis, which is based upon the injection with mercury and the subsequent dissection of the lymphatics in over three hundred subjects. This is a question of great importance to the gynecologist, and one about which hitherto very little has been known. It is of interest to notice that the lymphatics above the hymen pass to the pelvic glands, while those below pass to the inguinal ones. Enlargement of these pelvic glands can be detected by rectal examination, and their arrangement explains the opening into the rectum of abscesses following vaginal injections. The uterus has three sets of lymphatics; first, in the mucous membrane; second, in the muscular substance; and, third, superficial, which all anastomose very freely in every part of the organ. They all lead into three glands, of which the largest is situated in the angle of bifurcation of the common iliac artery, and the others along the line of the internal iliac. These lymphatics pass from the uterus to the glands between layers of the broad ligament. It is strange to note that in three hundred subjects, mostly of advanced age, it was the exception to find adhesions of the pelvic organs entirely absent, owing to the existence of the sub-endothelial, or superficial plexus of lymphatics, and its free communication with the vessels of the uterine substance. Poirier concludes that no intra-uterine inflammation, except perhaps endometritis confined to the cervix, can exist without affecting the peritoneal covering and leading to adhesions. These adhesions, he says, are almost entirely made up of a lymphatic network, which is only a prolongation from that of the peritoneal covering. He demonstrates this by finding the injections of mercury in the adhesions and occupying definite lymphatics, which terminate in efferent trunks. Another important point is his conclusion that lymphangitis plays the fundamental part. If the inflammation be chronic it leads to induration of the cellular tissue; if more acute, it gives rise to diffused or collected abscess in the sub-peritoneal cellular tissue or in the glands; or if caused by a very septic virus the latter reaches the peritoneum, causing pelvic peritonitis. So that energetic and aseptic treatment of the uterine cavity will arrest the inflammation.

SILK VS. CATGUT LIGATURES.

Every now and then a discussion takes place at some of the societies on the relative advantages of silk and catgut, and now and then we hear of silk being spoken of as a substance which becomes absorbed. The sooner this fallacy is laid aside the better. At a recent meeting of the New York Obstetrical Society, Dr. Grandin, Dr. Coe, and several others of great experience stated that they did not believe that silk ligatures were ever absorbed, and several speakers testified to having removed ligatures entirely unchanged as much as a year after they had been placed in the abdominal cavity. Catgut is the only absorbable material for ligatures, and if properly prepared by the operator himself, namely, 24 hours in ether, 12 hours in sublimate alcohol, one in a thousand, and then indefinitely in one of juniper oil to two of alcohol, it can be relied upon for asepticity, and, if large enough, also for strength and absorbability.

I have on several occasions adverted to the causes and treatment of sterility, and pointed out that no woman ought to be subjected to the danger and treatment of this condition until it is absolutely certain that the fault is hers. Pajot has shown that in a large number of cases the microscope reveals an entire absence of spermatozoa in the vagina, although in most of them the husband was apparently the picture of