itself. The patient, a French-Canadian, aged about 75, complained that for the last six weeks he had been suffering from shortness of breath upon exertion, which had, during the last three weeks, become so distressing that he had been obliged to remain in bed in a sitting posture. He had evidently been suffering from Bright's disease for a very long time; the face was sallow and thin, and the legs had been swollen for many years. Had been a very hard drinker. There was no hypertrophy of the heart, but a systolic murmur was audible at the apex, and transmitted three inches to the left. Heart sounds at base are normal. The respiration was of well marked Cheyne-Stokes character. Beginning at the pause, which lasted 25 seconds, the respirations became deep, laboured, and noisy, until they reached the rate of 36 to the minute, when the usual gradual subsidence took place. In the intervals the patient suddenly dropped into a doze.

The urine contained 33 per cent. of albumen. The patient was admitted to the wards where, as the result of rest and treatment, the peculiar form of respiration gradually disappeared, as well as the systolic murmur, and he left us considerably improved. We heard of his death at his home some months after.

Changes in vision.—The patient, Shepherd, in Ward 30, you will remember, complained of very great impairment of vision. Before and after death albuminuric retinitis was found to be present. But apart from these structural changes in the eye, the result of Bright's disease, and not uncommonly coincidently with an attack of uræmia, blindness more or less complete, suddenly sets in, sometimes in one, sometimes in both eyes, while ophthalmoscopic examination shows no change in optic nerve or retina. Such attack of amaurosis ceases in most instances in the course of a day, and sight is regained. Not unfrequently the amaurosis is associated with the convulsive seizures, and is perceived for the first time immediately after them.

Vomiting and Diarrhœa have been regarded as eliminative processes and may be considered together. A sick stomach may be the precursor of a dangerous uræmic attack. The vomiting in the last-named case of uræmia was our first warning.

Other symptoms of minor importance are not uncommonly met with, such as slight clonic spasms, hiccough, itchiness of skin, vertigo, and drowsiness. Lastly, uræmia may assume a form distinctly chronic, the patient suffering from one or many of the above-mentioned symptoms to a moderate degree developed.

THE RELATION OF THE ASEPTIC AND ANTISEPTIC METHOD TO THE TREATMENT OF THE LESIONS OF SYPHILIS.

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I. ASEPTIC TREATMENT OF PRIMARY INDURATION.

The nature of the specific virus of syphilis is not known. In most cases its local and general manifestations are amenable to appropriate systemic and topical remedies.

It is not intended here to dwell upon the nature and treatment of syphilis as a general disease; only inasmuch as some of its more common local phenomena require surgical treatment, will their consideration be deemed within the limits of this paper.

The anatomical structure of the primary induration, of tuberous syphilides, and of gummy swellings, resembles closely that of recent tuberculous deposits; and their course of development and termination in central coagulation-necrosis, fatty changes, or caseation, also bears much resemblance to the affections caused by the bacillus of tuberculosis.

But there is a third point of parallelism. As long as softened syphilitic foci remain subcutaneous and are not exposed to the influence of the air and its pus-generating germs, their course is bland and slow, and their tendency is to fatty degeneration, encapsulation, and final absorption. But as soon as a softening syphilitic deposit comes under the influence of the pyogenic elements contained in the atmospheric air, its slow and bland character is changed to a most destructive one. Thus syph-