

preferable in many cases. But the patient would not come to one's office every day for weeks and months. It would cost too much and took too much time. The very same result would be attained in other ways. As to the question of the causation of general paralysis and other lesions, some men held it was caused by syphilis. An analysis of Isaac's cases, lately published in *Lassar's Journal*, showed that there was no reason for supposing these lesions were the result of syphilis. He (the speaker) referred to the value of baths. The duration of the contagious stage was not settled. He considered that three years was long enough to treat anyone who did not show signs, that is, if treatment had commenced with the appearance of the primary sore. He believed persons got immunity. He did not believe the organisms existed any longer when immunity was established. The immunity was got from intoxication.

Regarding excision of the primary sore, he said that in his paper he had pointed out that if the chancre was diminished in size by any means the amount of toxins was diminished; but that would not abort the disease, as the inguinal glands were affected before the primary sore forms. He believed in every case reported as aborted there had been a mistaken diagnosis. He did not think a positive diagnosis could be made until the inguinal glands were noticed as being affected. It was to be remembered, too, that the inguinal were glands that could be palpated, but there were others which could not be felt. It was difficult to destroy the chancre when it was large; and even if one could excise it, a large indurating sore formed very rapidly after excision.

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THE TREATMENT OF PUERPERAL CONVULSIONS.—Dr. T. Burgess, of Nashville, in a paper read before the Southern Illinois Medical Association and published in the *Medical Review* of St. Louis, Nov. 7, holds strongly to the value of bloodletting in these attacks. He divides the convulsions into three varieties: the epileptic, the apoplectic, and the hysterical. In the first two varieties, venesection is of the utmost value, unless the patient is very anæmic or greatly exhausted from prolonged labor. Even then, a slight bloodletting is very frequently valuable. It is not of so much utility in the hysterical type of convulsions; but here also the writer has obtained benefit from the employment. In the epileptic and apoplectic varieties, the bleeding should be free. Enough should be withdrawn to render the pulse soft and well reduced in frequency.