

exclusively by intra- and extra-inoculation. In grouped syphilides the initial lesion often shows signs of a virulence greater than that of the lesions derived from it. On the other hand, extensive cicatricial syphilides may continue to spread with increasing outbursts, so it is clear that the resistance of the tissues can be increased or diminished. As the disease advances in evolution it gives rise to modifications in the intensity and the mode of action of the treponema, and, consequently, in the nature of the toxins produced. The pathological action of the treponema is entirely due to the soluble substances to which it gives rise. In different subjects the treponema is prone to attack certain tissues. There are also affections liable to be produced under the influence of syphilis which later progress spontaneously, these being the so-called syphilitic deuteropathies.

USE OF ANESTHETICS IN MIDWIFERY AND GYNECOLOGY. By Dr. Krönig, Freiburg in Breisgau.

He proposed three points for discussion—namely, (1) the utility of lumbar anesthesia in midwifery and gynecology; (2) the utility of anesthetic combinations (*Mischnarkosis*); and (3) the utility of scopolamin for producing drowsiness (*Dämmer-schlaf*) during labor. With regard to the first point, he said that attention to every practical detail, even the smallest, was of more importance in lumbar anesthesia than in any other method of producing insensibility to pain. As Mr. Barker had already pointed out, the specific gravity of the solution injected was of quite exceptional importance. The best solutions for use in laparotomy had, at a temperature of 38° C., a specific gravity under 0.999, which was the specific gravity of the cerebro-spinal fluid. Dr. Krönig supplied particulars of a total of 1,700 cases of anesthesia produced by stovain. Since the dose of stovain has been reduced to seven centigrammes as a maximum there has been no death during anesthesia in a series of 1,400 consecutive cases, neither has any embarrassment of the respiration been observed. Although certain after-effects, especially headache, occurred in 38 per cent. of the cases, intraspinal anesthesia produced but little effect of an unfavorable kind on the heart and lungs, a circumstance which was so important for the safety of the patient that Dr. Krönig preferred intraspinal anesthesia to inhalation anesthesia in severe and long operations, and especially in laparotomy. In all minor operations, however, the use of inhalation anesthesia ought to be continued. With regard to the second point—the utility of anesthetic combinations—he said