sometimes upon arteriosclerosis, and at other times upon a lesion of the myocardium.

The two affections, he thought, should be treated in the same way—that is, with hydrotherapy, electricity, thoracic massage and climatic treatment.

SYPHILIS OF THE INTERNAL ORGANS.

Bourdieu (*Annals de Derm. et de Syph.; Jour. Cuta. and Gen. Urin. Dis.*) contribution to pulmonary syphilis related to a man in life showing asthmatic, bronchitic, and bronchiectatic symptoms. At autopsy there was found a thickening of the connective tissue skeleton of the lung everywhere, in addition to a generalized sclerogummatous change in all the tubes, with dilatation, to which the fibrosis was secondary. Diagnosis in such a case is made by the presence of other accidents, and the therapeutic test. The symptomatology is by no means characteristic.

Champenier sums up his investigations on neuritis as follows: It appears during the first six months of infection. The patient complains of pain and formication, which may be intense and persistent, with paroxysmal crises. There are motor disturbances as well, loss of power and atrophy, and diminution of electrical contractility. The cause is a peripheral, not a central lesion. In the absence of other causes, an osseous disease, exostosis, periostitis, may involve the nerve. Neuritis may be considered as an indication of malignant, precocious syphilis.

Burdury, writing on the cerebrobulba phenomena in association with medullary symptoms of syphilis, says that they may precede or follow spinal accidents; more often the former happens. The disturbances most frequently seen are those of the eye, paralysis, diplopia, hemianopsia, diminution of visual acuity. The third nerves are oftenest attacked, and the appearance of ocular paralysis is presumptive evidence of syphilis in a myelitis. Cerebral syphilis in congestive form comes next in importance; vertigo, fainting, transitory loss of speech and intelligence, possibly fleeting paralysis, epilepsy, aphasia, neuralgia, sensory disturbances. Without being able to give figures, Bardury believes that the phenomena occur in more than half the cases of spinal syphilis.

Schwab maintains that the prime cause of premature delivery in syphilis is disease of the placenta. All authors agree that it is pale, hypertrophied and edematous. Placental lesions accompany hereditary, fetal or congenital disease, except in a few postconceptional in origin, attacking fetal and maternal elements. The first lesion is an endoperiarteritis and an endoperiphlebitis. The vascular disease is constant