and who, after a contusion of the left lower limb, was seized with violent pains in that extremity. A few months later, during pregnancy, she was attacked with pains in the pelvic bones, the ribs and vertebræ, which increased in intensity and were followed by osseous deformity. As he first saw her her trunk formed a shapeless mass, the vertebral column was inclined forwards. She was not as tall as before, the pelvis showed the characteristic changes of osteomalacia, only the cranial and facial bones being uninvolved. The spontaneous pains from which the patient suffered constantly were increased on pressure. Walking or standing was impossible, even the slightest movement in bed caused her terrific pain. Besides this, she was tortured by attacks of coughing and hiccough. The urine contained neither sugar nor albumen, but traces of propeptone, and quite a large quantity of nitrous acid. He commenced treatment by giving two grammes (30 grains) of chloral hydrate, per diem. After three days the pains had greatly decreased in intensity, the urine was free from propeptones, and showed a decrease in nitrous acid. On the fifth day the urine was normal. At the end of the first week the patient was able to leave her bed, clothe herself and take a few steps, without assistance. The spontaneous pains had nearly entirely disappeared, as well as the coughing and the hiccough. In fourteen days she could be regarded as cured. The treatment was continued for eight days longer, three weeks in all. At present the patient is well, has no pains, ascends stairs and makes all sorts of movements without the slightest difficulty. The writer ascribes the curing of this case to chloral, respectively, to the chloroform alone, and in those cases which have been successfully treated by castration, he attributes the result to the chloroform, used anæsthetically, rather than to the operation itself.

SYPHILIS OF THE CEREBRAL ARTERIES.—The Lettsomian lecture delivered before the Medical Society of London, England (*Hos. Gaz.*), on Monday last, by Dr. Bristowe, takes us back to a time when the influence of syphilis in determining arterial diseases was apparently not even thought of. Case after case was observed in which the most extensive disease of arteries, large and small, was associated with a history of syphilis, but it was long before even Dr. Bristowe timidly suggested that they might possibly stand to each other in the relation of cause and effect. The lesions were often of extraordinary severity; the aorta was sometimes reduced to an almost impervious canal, in other cases the pulmonary arteries hardly admitted a bullet probe, and in a large proportion the principal arteries carrying blood to the brain had been rendered impassable. A noteworthy feature in several of the cases narrated by the lecturer is that the symptoms heralding the advent of this terrible complication supervened within a few months, is, at any rate, within a year or two of the primary infection. It is impossible to avoid the conclusion that arterial disease of the gravest description and extent, may occur at any stage of syphilis, and is not, as is often assumed to be the case, only or principally to be met with among the tertiary phenomena. Another point to which attention was called is that the virus does not act exclusively on the large vessels, for all large enough to have a distinctive name are occasionally affected, andthis fact justifies the inference that these changes may probably affect even microscopic arteries, determining atrophic lesions in the tissues supplied by them less in severity only because less in extent. We are at present hopelessly in the dark as to why in a certain proportion of the cases the arterial system is singled out for degenerative processes consequent on syphilis, and we are fain to fall back on the time-honored explanation (?) of a selective action due to the inherent liability to degenerative change on the part of certain tissues—the particular tissues varying according to the individual.

Dr. Bristowe formally repudiated the view that the tertiary lesions of syphilis are not infective. Admitting that they are less so than those of the first and second stages, he points out that this may be due to the fact that the tertiary lesions are more strictly localized, and are, moreover, usually situated in positions not lending themselves readily to the transmission of the virus. The cases quoted of infection by tertiary lesions were not very conclusive, because they involve the acceptance of patients' statements—a disturbing factor in deciding questions of this magnitude.

THE CONTAGIOUSNESS OF CANCER.—During the