1. That the syphiloma was not a gumma nor a periosteal affection but rather an affection of the bursa over the inner aspect of the great toe.

2. The slow growth (18 months) is not uncommon in syphilitic growths of serous membranes.

3. The hepatic enlargement was not syphilitic, but due to gall-stones.

4. That the erysipelas was aggravated by the hepatic disease, as Professor Verneuil has several times seen before.

5. That the rapid recovery from the erysipelas commenced from the counter-irritation over the liver and was due to it because the erysipelas, which had been rapidly spreading before its application, suddenly ceased, though it had not been touched by large doses of quinine and purgatives.—*Le Bull. Med.*, p. 883., September 1887.

H. DES VOEUX (London).

VII. A Contribution to the Diagnosis of Venereal Sores.

By M. PAUL THIERY (Paris). A scraping of the surface of the sore is *gently* taken with a blunt knife and placed between two coverslips. Each of these is *rapidly* dried over a spirit lamp, and then allowed to remain for two or three minutes in a solution of "eosine", it is then passed for half a minute into 40% caustic potash solution, washed with distilled water, dried with blotting paper and mounted in glycerine under a magnifying power of from 300-400 diameters.

The discharge from an herpetic or from an infecting sore contains no elastic fibres, whereas that from a soft sore does. This examination will often confirm and sometimes correct the diagnosis of the nature of a sore, but it must not be absolutely relied on.

The author gives tabular results of his method applied in seventy-two cases.—*Le Prog. Med.*, Jan. 1, 1887.

A. F. STREET (Westgate)

GYNÆCOLOGICAL.

I. On Rectocele Vaginalis or Vestibularis. By Dr. ED. ROSE (Berlin). In this paper Prof. Rose discusses the treatment