stage spares escape our observation, at least the most of them.

That which we know in the matter is only this, that the third stage is more or less common according to various conditions, such as the following: Age, constitution, temperament, previous state of health; predispositions, hereditary, or acquired; morbid forms; superadded complications; intervention or nonintervention of treatment, and other things. So, to cite as an example only one of these conditions, we are in position to affirm this; that the third stage is exceedingly common, almost inevitable, in the persons who have not been thoroughly treated or not treated at all. In proof of this there is an infinite multitude of third-stage lesions readily observed as *unrecognized* consequences of syphilis, which necessarily have been left to their usual development without any medical repression. On the other hand, the third stage is rare, at least relatively, with those persons who have been subjected to a methodical and prolonged treatment.

But, excepting some ideas on the relative frequency of the third stage following the circumstances of the second, we know nothing pertaining to its absolute frequency. In one hundred persons affected with syphilis how many on the average reach the third stage? We lack precise estimates on this point. I will say nothing then of figures which have been produced on this subject except those which I shall produce myself.

At all events, it is all too certain by experiences that *the third stage is common*, exceedingly common, and this in both sexes and in all classes of society.

Daily, for my part, I have under my eyes a "quarantine" of such cases of every sort in my wards at the St. Louis Hospital, and I have met an almost equal number of them at each of my weekly consultations at the same hospital. In the hospitals not specially for venereal diseases there is not a single clinic—I take this