Always prohibit smoking, and any diet which may lead to diarrhee while mercury is being given for syphilis.

Never forget occasional idiosyncrasy in patients against taking mercury and iodide.

Remember the one simple rule for successful treatment of syphilis is, keep inunction and fumigation methods for exceptional cases, and give small doses of mercury more or less frequently, but never large doses.

Never forget that with a patient confined to bed and on low diet, ptyalism can be produced with half the dose of mercury.

[N. B.—Rapid loss of weight means that mercury is disagreeing with the patient.]

Remember that pot. iod. and mercury, except in the scrofulous and in cachetic patients, are well borne in syphilis if there is need of them.

Never forget to warn your patient of his gums and his tendency to catch cold, when taking mercury.

For all cases of phagedæna, mercury ought always to be given.

Remember the earlier mercury is exhibited, the greater the probability that the symptoms will be wholly prevented or delayed.

Never exercise a syphilitic testis, however bad, even when there is abscess and fungus testis.

Remember in tertiary syphilis whenever a case resists the iodide, and whenever it is important to obtain a rapid result, the mercury should be added to the iodide or the mercury should be given alone.

Never omit to give opium in all gangrenous and sloughing wounds which do not prove amenable.

Remember syphilis may imitate all known forms of skin disease, but it can produce no originals (Hutchinson).

Never forget that lichen ruber and lichen planus are often dusky and copper tinted, and present all the features which to those of limited experience suggest a confident diagnosis of syphilis.

Remember that in rare instances syphilis imitates variola closely; there is, however:—

- 1. Persistence.
- 2. Absence of odor.
- 3. History to guide you.

Never let a markedly syphilitic mother suckle her child.

Never let a syphilitic child have a wet nurse.

In syphilis do not sanction marriage until two

years after the date of infection, and then only if the patient is free from gleet, and has thoroughly and successfully been treated with mercury.

Never assume, as was formerly done, that mercury should be avoided when syphilitic sores ulcerate; on the contrary, when used with iron, quinine, and opium, it will almost always prove the means of cure.

Do not forget that the safety of the eye in syphilitic iritis depends, however, mainly upon the promptitude and efficiency with which atropine is employed.

Never forget to examine for retinitis and choroiditis if a syphilitic patient complains of failure of sight or muscæ, and use mercury smartly if you find either.

Never neglect local measures in the lesions of intermediate and tertiary stages of syphilis.

Remember that a node of secondary syphilisusually disappears or is prone to ossify, but a tertiary like other gummata are more liable to suppuration and caries.

Do not open a syphilitic bubo unless acutely suppurating, or remove a node of bone; they usually absorb.—To be continued.

TREATMENT OF CYSTS AND ABSCESSES BY PAPOID AND PEROXIDE OF HYDROGEN,—We take the following from the Med. and Surg. Rep: The first case was one of sebaceous cyst having existed for at least ten years, and until recently, given but little trouble. When I opened the sac, it was inflamed, partly broken down and about to open at the site of my incision. Its cavity contained about 16 to 20 grams of decomposed serum and pus. I made but a small incision that the fluids might be better retained. The solution employed was as follows, viz:

This injection was allowed to remain from one to eight hours, then pressed out of sac, and strong solution of peroxide of hyrdogen introduced to thoroughly clean the cavity. This was repeated once or twice daily The patient was irregular intreatment of cyst, otherwise the result would have been obtained earlier. A few weeks of this treatment entirely removed the cyst wall, and satisfactorily cured the case.