

typical stages, as taught by the books. Simply we have a seat of infection, then a general process of inflammation, which may manifest itself in various ways in different subjects and in different parts of the system. This inflammatory process seems to be nature's method of destroying the germs, and if the disease is allowed to run its course nature seems finally to accomplish this result. Then, as a rule, we have as sequelæ the formation of new tissue and destructive changes in the system. This, so long called the third stage of syphilis, should not be regarded as syphilis at all, any more than any other sequel of a disease should be named a stage of that disease. There is no contagion during this period. It will not produce syphilis in another by inoculation and in the vast majority of cases there is no such period if treatment has been conscientiously carried out. The seat of infection we always have, and almost as surely some manifestation of the inflammatory process going on in the system.

In conclusion, I wish to say a few words in regard to treatment. During the last two years it has been my privilege to see a large number of syphilitics daily at the Michigan State House of Correction, where, during that time probably four hundred men have been treated for this disease. My experience has been that in the true syphilitic state mercury is the remedy *par excellence*. In the sequelæ potassi iodidi stands without a rival. Of all the preparations of mercury the bichloride easily takes the lead, especially immediately after infection. I usually begin treatment with one grain of calomel every hour till the bowels are thoroughly flushed, then put the patient on hydrarg. bichl., grain 1-16 to $\frac{1}{4}$ gr. nucis vomicæ M. 10, ext. phytolaccæ, Dec. fl. M. 2, aqua q. s. ad. 2 oz. Mix; to be taken four times daily.

I begin with 1-16 grain bichlorid and increase the dose till I get an apparent effect. I am not afraid of salivation; in fact, continue the remedy until mercurialism begins to develop, when the remedy is stopped and the patient put for a week or more on vegetable alteratives. The emunctories should be kept open and a hot bath given twice a week. Any complications should be treated in the usual way, but in conjunction with the anti-syphilitic treatment. Treatment should be continued for at least six months after all symptoms disappear. I have at present under treatment a man who, two months ago, began taking 1-16 grain bichlorid four times a day. He did not improve satisfactorily, so the dose was increased to $\frac{1}{8}$ grain and again to 3-16 grain, since which time his improvement has been marked. For three weeks he has been kept on the $\frac{3}{4}$ grain daily, and all specific symptoms have cleared up; his general health is much improved and there are no symptoms of salivation. If we get our patients in time and can keep them under control there should be no sequelæ in the great majority of cases. One could get the best results in the sanitarium, where the patients can be watched carefully and a regular life successfully carried out. I prescribe nux vomica because of its nerve tonic properties and the beneficial effect it has, especially on those used to alcoholic beverages. In the after effects of syphilis potassi iodid, in doses gradually increasing from 5 grains to 40 grains three times daily, stands without a rival. I usually prescribe it with nux vomica and any of the vegetable alteratives. Cod Liver Oil is often of marked benefit, as is the biniod or protiod of mercury. Keep up your treatment with occasional intervals for some time after all symptoms have vanished; above all, do not discourage your patients, give them cheering words of comfort; that if they live regular lives and take regular treatment they will probably be freed from the curse. At the same time, be firm in your warning of the danger from contagion.