

A year or more after, he had an occasional epileptic fit (he had not, I may say, followed his treatment with regularity). I strengthened the dose. But, after a time, he became irritable, irascible, and fractious, showed weakness in the legs, lost his capacity for business, and suffered from pain in the head. Finally he lay in bed and became, from stupid, comatose—deeply so—and his death was hourly expected. Now, besides observation of the symptoms I have mentioned, and which, taken together, were highly significant, I had the important clue of the previous cure of the eruption by mercury. Without this, evidence of past syphilis would have been, by any one a stranger to the case, set down as absolutely wanting. I maintained that this comatose man would get well; and was laughed to scorn. But I insisted on pouring in all the iodide of potash I could—and he did get well. His friends who sat up several nights to close his eyes call him to this day “the resurrection man.” Now, actual cases of this kind cannot fail to make a great impression upon a thinking man when coming under his own observation. The recognition of the underlying cause of the phenomena observed is absolutely essential for the institution of a successful treatment. There are, perhaps, no cases you can think of in which the issue [of life or death hangs more directly upon the action or inaction of the physician in charge. The severer forms of cerebral disturbance often immediately threaten life, and, except promptly treated, will inevitably prove fatal. They are with great certainty met by the recognized remedies for the syphilitic disorders: and all other therapeutic efforts, without these, will prove totally ineffective. Every one knows the difficulty of determining, in many cases, whether the individual have suffered from constitutional disorder or not. On the other hand, the history may be clear, or careful scrutiny for remaining traces may give unmistakeable evidence; in which case our path is rendered easy. The fact seems universally admitted, and it quite coincides with my own limited experience, that persons who suffer from late-developed syphilis of the nervous centres are extremely likely to give no account of the well-defined secondary symptoms which are so common; at times, even, are