

almost certainty when we recall the highly peculiar histological picture I have above sketched, and further, the exceedingly characteristic changes in the cerebro-spinal fluid. It is unthinkable that such an elaborate and peculiar clinico-pathological picture should be produced by banal causes, such as sunstroke, trauma, worry, alcohol, etc., as is still frequently alleged. And when we search for the specific morbid agent that must be the cause of this elaborate picture our efforts are singularly rewarded. All the evidence, drawn from the most diverse sources, converges with fatal convincingness towards the one and only specific factor in the production of general paralysis, namely, syphilis. The amazing corresponding between the distribution of syphilis and that of general paralysis, in different countries, in different towns, in the different social classes and occupations, and between the age and sex incidence of the two diseases; the study of the inherited and conjugal cases; the incidence of syphilis in paralytics, as revealed not only by the history but by the physical signs, post mortem evidences, difficulty of inoculating the patients with syphilis, and the constant presence of the Wassermann syphilitic substances; the frequency with which patients with syphilis later develop general paralysis; all these considerations are in the fullest harmony with the pathological evidences I have above detailed, which demonstrate the essential relationship of general paralysis to syphilis. The subject, therefore, once more affords an illustration of the immediate practical value for clinical and preventive medicine of researches which, when viewed in too one-sided a way, appear to be abstract, dry and fruitless, and the results thus obtained should serve as an active stimulus to further and more profound investigations in these and allied realms of study.