

tion of much smaller doses in prolonged courses, exactly as is done with mercury.

6. There are disadvantages and even dangers incidental to the arsenobenzol medication, concerning which we are still insufficiently informed; and we do not yet, and shall not for a long time, know its ultimate effects. It is not therefore to be recommended to the profession at large for the general treatment of luetic disease.

7. On the other hand we do possess a remedy, which we know all about, which is of undoubted efficacy, and which does cure syphilis. Mercury is still the anti-syphilitic for general use, and we cannot do without it. The best proof of this is the fact that the latest advice from quarters where the arsenobenzol has been longest and most extensively employed, and where the prejudice is all in its favor, is to use it first, and then to proceed to the regular and prolonged mercurial treatment as before.

8. Cases of syphilis recalcitrant to mercury, or with an idiosyncrasy against the drug, do occur, but by no means with the frequency that recent reports would indicate. Inefficient medication or a possibly unconscious bias in favor of the newer treatment accounts for many of them.

9. Arsenobenzol, in the experience of the author, has been specially efficacious in some cases of early syphilis of severe type, especially those showing ulcerative dermal lesions, mucous patches, and condylomata; and in some late and obstinate tertiary affections, such as palmar and plantar squamous lesions, leucoplakia syphilitica, gummatous infiltrations of the internal organs, etc. In most cases its symptomatic effect is equal to that of mercury; and like this latter drug, it sometimes fails entirely.

10. It is generally conceded that arsenobenzol is as useless as mercury for the syphilitic sequelæ after organic changes have occurred. It has not given results in late brain or spinal cord disease due to the infection.

11. With our present information the writer considers arsenobenzol indicated in the following classes of cases of the disease:

(a.) In early cases of specially severe type, in which the disease manifestations are multiform, or follow each other with great rapidity, or do not seem controllable by efficient mercurial treatment.

(b) In cases of persistent or recurring infective lesions like mucous patches, in which the danger to the patients' surroundings must be minimized by the quickest possible removal of the infective foci.