

The second case is still more remarkable, and I can only state, in short, that Ehrlich's remedy in this instance was life-saving. Not only was the patient's life saved, but he is being rapidly restored to health.

*Case II.*—Henry P., age 36, bartender by occupation, acquired an initial sore in June, 1907, followed by a papular eruption. In September, 1907, there appeared deep sores on the neck and flexor surface of his extremities, which healed after three months, leaving scars which are still visible. In December, 1907, he was deeply jaundiced, had an enlarged liver and was rapidly losing weight. He had pain in swallowing. There were plaques on his tongue. The epiglottis infiltrated and swollen. In rapid succession ulcerations appeared on the soft palate, tonsil, epiglottis and glottis so that the patient could swallow liquids only after the application of an anæsthetic had been made. He had sleepless nights on account of the pain and accumulation of mucus. Although slight improvement set in there still persisted lesions on the skin and mucous membrane of a destructive nature. In June and July of 1909 there were relapses of the ulcers of the larynx and marked destructive changes in the epiglottis. There was a gumma in the naso-pharynx, the left wing of the nose being gradually destroyed by an ulcerative process. There were ulcerative sores on the lips, with marked destruction of the tissues.

About the middle of August, 1909, the patient was admitted to the German Hospital. He left the hospital in October, 1909, very little improved. During all this time he received the most active antisypilitic treatment. On September 5 I admitted him to the Lebanon-Hospital from the German Hospital, which he had re-entered in November, 1909, and where he had remained until he came under my care for the injection of Ehrlich-Hata preparation.

His condition at this time was pitiable. For weeks he had been bed-ridden on account of a large and deep ulcer over the left external malleolus, which measured 2 x 3 inches, the result of a gumma which had existed for over eight weeks and then had broken down. There was another soft gumma on the instep with the overlying skin reddened and ready to break down. On the upper third of the left tibia there was a hard and painful gummatous infiltration. On the lower portion of his face there existed a large number of old and recent cicatrices. The lips and nose were distorted by excavations. A number of small and deep ulcers of a punched-out appearance were visible on the cheeks, nose and lips, all covered with a nasty and yellowish discharge. A large defect about the size of a five-cent piece on