tongue the disease may last for years. I have one patient where I have tried to keep down a lesion of the tongue for years, and yet it will return while the skin eruption has never returned. With regard to the production of coryza it is very seldom one gets an intolerance of the iodide in the tertiary syphilitic. When it does occur it is very annoying to have to stop the treatment. I have never administered the iodide in any but the one way, that is in large doses. So far as the treatment of secondary syphilis goes, my own plan is to state to the patient plainly that it is a serious disease, and in most cases tell him what it is and that he can be cured if he takes treatment for three years. If first seen during the primary period, I ask the patient to await further symptoms and tell him what the secondary symptoms will be, so that if he doubts my decision he may be convinced that he has the disease before beginning the treatment. There is no difficulty then in inducing him to carry it on for three years. We have tried all the different forms of administration of mercury except fumigation. The inunctions are certainly most rapid, and if they can be carried out by trained attendants they are very effecual. The simplest method is to use Hutchinson's pills, grey powder,—3, 4, or 5 pills a day until the lesions disappear. The patient gets a sufficient supply to last for a considerable time, and I generally tell him to take the medicine from the 1st to the 20th day of every month. This is easy to remember and allows ten days entirely free in every month. When I was first connected with the clinic the proto-iodide pill was the popular one and we used it in every case, but both Dr. Shepherd and myself came to the conclusion that there were more cases of tertiary lesions after this compound than with the metallic mercury pill. In the matter of diagnosis, failure is mainly because of the fact that one places too much importance on the absence of a history of syphilis. In doubtful cases such as Dr. Pennoyer has mentioned, the appearance of the ulcer alone would suggest either a late secondary or a tertiary syphilide. A short course of mercury would immediately show whether it was syphilis or not. In reference to Dr. Girdwood's remarks about whether the tertiary form was communicable, I believe it rarely is, but that it must be in some cases is evident now that the spirochætæ have been found in tertiary lesions, and if that is so they must be communicable. We have syphilis of the third generation, and we could not have this unless such communicability did occur.

THE ORGANISM OF RHEUMATISM.

A. H. MacCordick, M.D.—Demonstrated the specimen.

F. G. Finley, M.D.—I think this observation is a very interesting