

exists a rather intense cortical disease with a relatively mild meningeal disturbance. Since all of the elements entering into the construction of the nervous system are more or less involved in all well marked cases, sometimes the changes being predominant in the one element, sometimes in the other, it appears justifiable to assume that the fundamental pathological anatomy is a diffuse change involving more or less all of the structures.

Some authorities do not include general paresis under the clinical group of intracranial syphilis, even though recognizing the prominent causative relationship between the two. This close and intimate relationship is clearly indicated in the reports just given and certainly seems to offer considerable justification for including them under that classification.

The diagnosis of these conditions is at times relatively easy and evident, at other times most difficult. Since the positive determination and identification of the parasitic nature and of the more or less specific serum reactions present in syphilitic individuals has been placed upon a more definite basis, the diagnosis can be made with almost absolute certainty. But the minutiae and details of the methods necessary to carry out these examinations render it so difficult, require so much time, that they are practically inapplicable except in well equipped laboratories and by regular laboratory workers, hence the great majority of clinicians still have to rely upon the history, the clinical manifestations and the results of the treatment.

Even though there is not any one sign or symptom that can be regarded as pathognomonic of a syphilitic condition, yet there are some general features of the clinical manifestations which should always arouse one's suspicion of such a basis.

Some of the more prominent of these are:—

1. Changeability and multiplicity of symptoms.
2. The onset of manifestations, being sudden rather than acute, sub-acute rather than chronic.
3. The disease running a course more or less in stages, showing,
4. A tendency to remissions and recurrences.
5. The accompanying pareses and paralysis being