

varsan and its substitutes, judged from the excellent serological results, extending in many instances over several years, remains, in a sense, empirical.

2. The ultimate proof of cure does not rest necessarily upon continuously negative Wassermann reactions for one, two, three, five, ten, twenty, or even forty years, but rather upon complete freedom from symptoms for a generation or more.

3. The Wassermann reaction furnishes the best control of treatment and is the most reliable index of cure subsequent to proper treatment.

4. The sheet anchor in the treatment of syphilis is no longer mercury, but salvarsan, neosalvarsan, or one of their substitutes. It is of paramount importance, however, that the injections of arsenobenzol in the beginning be administered as early as possible and intensively in full doses commensurate with the physiological tolerance of the patient, not scattered indefinitely over months, interspersed here and there with a Wassermann test. In view of the possibility of immediate cure by this drug properly administered in the primary if not the secondary and latent stages of the disease, the treatment of syphilis, particularly in the chancre period, prior to the advent of a positive Wassermann, becomes an emergency operation, in many instances no less imperative than the administration of antitoxin in diphtheria. Our experience dictates, as a reliable routine, two injections of salvarsan in the early chancre stage; at least three injections in the late primary and throughout the secondary or latent stage of the disease, and during the tertiary and hereditary forms of syphilis not fewer than four to six injections, supplemented by mercury and the iodides. If, after such treatment, the Wassermann still appears positive, a second series of injections should be administered.

5. Serologically judged on a three month to a five year duration, syphilis, in the chancre stage, if diagnosed early, either clinically or if necessary by either the dark field microscope or the Wassermann reaction, may be cured by two injections of salvarsan or neosalvarsan; indeed, if the diagnosis is made, particularly before the advent of a positive Wassermann, one dose of either of these drugs may be sufficient.

6. Secondary syphilis seems to do just as well without as with mercury, provided enough salvarsan or neosalvarsan is given to produce a negative Wassermann.

7. The serological results in tertiary syphilis treated intensively with salvarsan and its substitutes are not so brilliant as those of the secondary period.

8. The French preparation of arsenobenzol and the Canadian diar-