from my colleagues—where they do not meet, uniformly from one end of the year to the other, certain visceral affections of syphilitic origin. Likewise, throughout the city the third stage abounds and superabounds under forms the most diverse. In my own practice and in my office—the only place where I can make a record of what I see —I have observed more than five thousand cases of this sort.

It is useless, then, to insist further on this first point. The frequency, the excessive frequency of the third stage in our society is an incontestable fact, moreover, a fact not contested. Now it is to the third stage, I repeat it, that almost all the lesions pertain which constitute the individual danger of syphilis.

II. Second point: *What lesions compose the third stage?* And especially *what is the frequency, in this group of lesions, of the most menacing—the most grave?*

To this double question my answer is the following statistical table, based on 4,400 patients—4,000 men and 400 women, children excluded—whom it has been given to me to observe personally and in my practice in the city. It is thus a document whose absolute accuracy and authenticity I am able to guarantee.

NATURE OF LESIONS OBSERVED.

	Number of Cases
Tertiary Syphilides—affections of the skin	1,451
Subcutaneous gummata—tumors under the skin	204
Tertiary Lesions of the genital organs	271
—— —— of the tongue	262
—— —— of the palate and soft palate	215
—— —— of the pharynx	94
—— —— of the lips	42
—— —— of the tonsils	12
—— —— of the pituitary	5
—— —— involving the whole throat	11
Lesions of the bones	519
Lesions of the nose and bony palate	229
Tertiary injuries of the joints	22
Gummata of the tendons	3