Recent work, especially in France, has shown syphilographers the subsidiary place of the iodides even in tertiary disease, and that mercury is the only truly specific remedy in every stage.

Why, then, has mercury failed to benefit countless tabetics? I believe on account of its administration by the mouth, by which means it is not possible, without disturbing assimilation, to saturate the system to the point where an adequate dose of mercury can reach a part of such comparatively low vascularity as the meningeal envelopes of the spinal roots. Besides, in many tabetics nutrition is poor; and this must be compensated to combat granulomatous disease, a result not conduced to by intense mercurialization. The inunction method is uncertain, inconvenient, and perhaps interferes with cutaneous elimination.

The method of choice in most cases seems to be intra-muscular injections. As I have most experience wth the soluble salts, I adduce a few cases in which the pathogen of tabes is attacked in this way with enormous benefit to the patient.

Case I.—Man, aged 40, referred May, 1903, by Dr. Lewis L. Taylor, of Washington, for severe "nervous breakdown," following "indigestion" for five years.

Previous History.—Moderate smoker, and rarely took alcohol, had given up coffee. Eats well. Single from choice. No sexual excesses. Infected twenty years before. Since nine years, felt useless and depressed, almost wanted to die. Attacks of desperate desire to flee. Since two years, dyspnœic and sinking feelings occurring suddenly without external cause, light feelings in the chest, thumpings in the heart. Nervous chills, with tremor, crying spells, voice tremulous and uncertain. For a year and a half, had given up his bank, and taken up out-of-doors soliciting; since when he had gained ten pounds.

Examination.—Foul breath, thickly furred tongue; circulation, respiration, urination, normal.

Nervous System.—Deep reflexes all exaggerated; the triceps, patellar, Achilles and deltoid were unequal on the two sides. The cutaneous reflexes were diminished, including the plantar. The pupils reacted normally.

Motility was deficient in the left forehead; trembling of left cheek and tongue and right fingers. Adduction of right thigh was imperfect. The left heel left the floor while he sat up from recumbency.

Sensibility unimpaired.

Psychic Functions.—Memory not impaired. Perception clear, calculation slow and imperfect. Not a tabetic; but in pretabetic stage of chronic meningeal irritation.