

Most authorities are now agreed that complete cure from it can be hoped for only in the early period of infection and when the treatment is systematically carried out in combination with mercury, the latter preferably by intramuscular injection.

Relapses after Salvarsan, especially the neuro-recurrences, are common, though some believe that this is due to faults in carrying out the treatment.

Neosalvarsan, in the larger doses in which it is used, is regarded by many as equally effective with the old preparation, but I believe that the majority of those who have used it have found the results less satisfactory, and with their experience my own coincides.

Whichever preparation is used, it is certain that good results may be hoped for only after patient, systematic and properly controlled treatment, and anyone who is not prepared to undertake the management in this way assumes a grave responsibility in attempting to treat so serious an infection.

Iodides are especially valuable in the tertiary lesions, and in syphilis of the vascular system, and at times in cerebral or cerebro-spinal syphilis.

The recent discovery of the presence of spirochete in tabes and general paralysis has given a more hopeful outlook to the possibilities of medication in these diseases. The cerebro-spinal axis has proved less accessible to the influence of medication than other tissues, owing chiefly to peculiarities of blood supply. It is believed by good authorities that a complete cure in cerebro-spinal syphilis is impossible when gross lesions or degenerative changes sufficient to produce symptoms have set in. Hence the importance of early diagnosis by examination of the cerebro-spinal fluid and early and thorough treatment.

The plan of attack attempted by Swift and Ellis, of the Rockefeller Institute, of injecting a quantity of the patient's own serum (obtained an hour after an intravenous injection of Salvarsan) into the spinal canal, judging from their report of cases, has given encouraging results in tabes, and to a lesser degree in general paresis. This method, however, has not been sufficiently tested out by other observers to enable a judgment to be formed as to its merits. We have used it in only a few cases. Ravaut advises 3 to 12 mg. Neosalvarsan in a sterile 6 per cent. solution, 1 to 4 drops of which are injected weekly.

As before mentioned, the results of treatment should be checked as far as possible by the Wassermann test and cell count of the cerebro-spinal fluid. While not conclusive, they are probably our best index to the effectiveness of treatment.