On the Treatment of Syphilis by Hypodermic Injections of Corrosive Sublimate.—Dr. R. W. Taylor, Surgeon to the New York Dispensary, made a series of observations with this method of treatment during a period of eighteen months. He thus treated fifty adult males and females, and his conclusions are that, while there are some striking merits as to the method, it has certain disadvantages which are often inseparable, and materially limit the use of the treatment. He thinks that the early secondary and even late secondary rashes will disappear very quickly by the use of mercury in this form, and that the quickness with which it releases syphilitic neurosis is sometimes extraordinary. He thinks that pustular syphilides, or conditions of the system in which there is a tendency to produce pus, should be considered as contra-indicating circumstances, for the reason that perhaps the site of the injections might soften down and take on the ulcerative tendency. He confirms the results of other observers, who found that there were advantages in the treatment in the smallness of the dose, its rapidity of action, and the absence usually of systemic disturbance. In ordinary cases he injected one-eighth of a grain of the corrosive sublimate dissolved in twelve drops of water every day under the integument of the back, and cured the case in from three weeks to two months. In infant cases he used sometimes two such injections each day, and never produced any salivation, and very rarely slight stomatitis. The cases in which this active treatment was used were those in which the eruption appeared upon parts readily seen, or in which the rheumatoid pains were excessively severe. He does not think that the treatment is beneficial in syphilis of the nervous system or of bone, and that in cases of mucous patches, condylomata lata, and iritis a local treatment is absolutely necessary in combination with the internal. He thinks that relapses occur just as quickly and as severe and as frequent with this as with any other treatment. The objections to the treatment are pain at the punctures and upon the site of injection, induration of the tissues, and abscesses. The symptoms of pain are sometimes so severe as to render a continuance of the treatment wholly inadmissible, whereas in others it is slight and only of short duration. The induration of the connective tissue generally rapidly disappears, but it may persist so long and render the integument so hard and brawny that another treat-