It can influence living tuberculous tissue only, and has no effect on dead tissue; as, for instance, necrotic cheesy masses, necrotic bones, etc., nor has it any effect on tissue made necrotic by the remedy itself. In such masses of dead tissue living tubercle bacilli may possibly still be present, and are either thrown off with the necrosed tissue, or may possibly enter the neighboring and still living tissue under certain circumstances of the therapeutic activity. If the remedy is to be rendered as fruitful as possible this peculiarity in its mode of action must be caused to undergo necrosis, and then everything must be done to remove the dead tissue as soon as possible, as, for instance, by surgical interference.

Where this is not possible, and where the organism is unassisted in throwing off the tissue slowly, the endangered living tissue must be protected from fresh incursion of the parasites by continuous applications of the remedy. The fact that the remedy makes tuberculcus tissue necrotic and acts only on the living tissue, helps to explain another peculiar characteristic thereof, namely, that it can be given in rapidly-increasing doses. At first sight, this phenomenon would seem to point to the establishment of tolerance, but since it is found that the dose can, in the course of about three weeks, be increased to five hundred times the original amount, tolerance can no longer be accepted as an explanation. As we know of nothing analogous to such a rapid and complete adaptation to an extremely active remedy, the phenomenon must rather be explained in this way, that in the beginning of the treatment there is a good deal of tuberculous living tissue, and that consequently a small amount of the active principle suffices to cause strong reaction, but by each injection a certain amount of the tissue capable of reacting disappears, and then larger doses are necessary to produce the same amount of reaction as before.

Within limits, a certain degree of habituation may be perceived as soon as the tuberculous patient has been treated with increasing doses, for so soon as the point is reached at which reaction is as feeble as that of a non-tuberculous patient, then it may be assumed that all tuberculous tissue is destroyed. Then the treat-