

activity or non-activity of the virus. Other workers, however, while believing in the specific, curative or antiseptic action of mercury, have suggested intermittent treatment. This they advocate, knowing that the tissues during continuous treatment become tolerant of the remedy, and that syphilitic exacerbations occur during the constant administration of mercury when, as Peterson says, we have lost our remedy. In other words, the constant use of mercury causes the tissues to become accustomed to its influence, and we have lost its powerful action, when we most need it. This tolerance of the tissues for mercury, is seen not only in the fact that in the continuous method much larger doses are necessary in an exacerbation than in the first rash, but in the hypodermic treatment, when the tissues have become accustomed to this drug, we can often employ one grain of sublimate, though the B. P. maximum dose is but 1-15 of this amount.

Do these advocates of intermittent treatment err? Do they obtain a more powerful action against symptoms only by sacrificing the patient's chance of ultimate cure? Do they increase his chances of suffering from tertiary manifestations and the post-syphilitic affections, such as tabes and general paresis?

If it were possible to prevent tertiary lesions by early continuous treatment of secondary lesions, nearly all would advocate this method, but unfortunately, this does not seem possible; on the contrary in Norway where many cases are not treated by mercury, tertiary cases are not more frequent (Groen), and that class of affections, which has been called "*les affections parasyphilitique*" appear more frequently in the wealthy, who are probably the best treated, than they do in the poorer classes. In Dalmatia and Bosnia, where there is much syphilis and little effort at treatment parasyphilitic affections are stated to be unknown.<sup>5</sup>

When this is considered with the fact noted by those treating syphilis by the intermittent method, that mercury does not act so well in those without symptoms as it does in those with symptoms, it is not to be wondered that many are dissatisfied with the specific and continuous use of this remedy. This is explained by the fact that in those with symptoms the affection is more or less general.<sup>6</sup>

The study of, this the "chronic intermittent treatment," forces us to consider what and when should be our periods of intermittency and thus we are led to reflect upon the condition of the virus during this period. It has been suggested that during periods of activity the virus is free, and during periods of inactivity it is encapsulated and incapable of being reached by mercury, and only when it is non-encapsulated, as is demonstrated by symptoms, is mercury indicated. This is the view